

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3478

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Schuylar
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Queen City
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Schuylar
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Queen City 0980
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED a. (First) Pheba b. (Middle) Charity c. (Last) Calhoun
(Type or Print)

4. DATE OF DEATH Jan. 28 '51
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 16, 1871 9. AGE (In years last birthday) 79 6 Months 12 Days 12 Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William McCartney 13b. MOTHER'S MAIDEN NAME Permelia Lucas 14. NAME OF HUSBAND OR WIFE Henry Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Thomas D. Calhoun ADDRESS Queen City Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Effusion
ANTECEDENT CAUSES DUE TO (b) Myocardial Failure 2 years
Essential Hypertension 20 years
DUE TO (c) Arteriosclerosis 443X 20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Interval between onset and death

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1951, to Jan 28, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE Edward M. Roberts, D.O. (Degree or title) 23b. ADDRESS Queen City, Mo 23c. DATE SIGNED 1/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 1-31-51 24c. NAME OF CEMETERY OR CREMATORY Calmswoods 24d. LOCATION (City, town, or county) (State) Milam, Missouri

DATE REC'D BY LOCAL REG. 1-29-51 REGISTRAR'S SIGNATURE Edward M. Roberts 25. FUNERAL DIRECTOR'S SIGNATURE Frank H. Hooley ADDRESS Queen City, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

19618 831
FEB 8 1951

Date Received: 1-31-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-33
Date Filed: FEB 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Jack H. Dooly*

Licensed Embalmer No. 4619

P. O. Address *Queen City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.