

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13141

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5646</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOGAN</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Logan, Mo. 1550</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>				d. STREET ADDRESS <u>Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>W. T.</u> b. (Middle) _____ c. (Last) <u>CALTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23, 1879</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>10</u>	11. DAYS <u>6</u>	12. HOURS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cherryman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lawrence county</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi Calton</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Calton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Calton</u> ADDRESS <u>Logan, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES					? ?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension</u>					?
		DUE TO (c) <u>Arterio-sclerosis</u>					?
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 3, 1951</u> to <u>3-29, 1951</u> , that I last saw the deceased alive on <u>3-19, 1951</u> , and that death occurred at <u>2:14 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Bowman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Aurora Mo</u>		23c. DATE SIGNED <u>April 9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 18-51</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar S. Marsh</u>		ADDRESS <u>Aurora Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
0550

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 24 1951

Dist. File 457-894

Date Filed 4-24-51

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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.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed Grace St. Parent  
Licensed Embalmer No. 4809

P. O. Address Chesapeake, 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.