

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13294

No. 300
10.48

670

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>	
b. CITY OR TOWN <i>Anniston</i>		c. CITY OR TOWN <i>Anniston</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHN</i> b. (Middle) <i>BARNARD</i> c. (Last) <i>CALVIN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 3, 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Aug. 23, 1875</i>
9. AGE (In years last birthday) <i>75</i>	10. MONTHS <i>8</i>	11. DAYS <i>10</i>	12. IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Wolf Island, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>James T. Calvin</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Mahon</i>	14. NAME OF HUSBAND OR WIFE <i>Hattie Calvin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Maudie Dodge - St. Louis, Mo.</i>	
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) <i>Natural Causes - Unknown</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Died while sleeping</i> DUE TO (c) <i>Possibly Cardiac failure</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>No doctor attending</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7955</i>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS <i>Dead several hours when found</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	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 <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 <i>As Coroner Only</i> 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:30 a.m. 79 4:30</i> from the causes and on the date stated above.			
23a. SIGNATURE (Print name or title) <i>John T. Annette</i>		23b. ADDRESS <i>Charleston, Mo</i>	23c. DATE SIGNED <i>5-5-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 5, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anniston Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Anniston, Mo</i>
DATE RECD BY LOCAL REG. <i>5-8-51</i>	REGISTRAR'S SIGNATURE <i>Tertrude L. Harper</i>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wava Shelby Post Office, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Travis Shelby* _____

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.