

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17582

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5944 Registrar's No. 25

810

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Dawson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings--2008 Ranchdale Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural--St. James		d. STREET ADDRESS (If rural, give location) 4138	

3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) ----- c. (Last) Calvin			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1951		
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5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /		8. DATE OF BIRTH Jan. 5, 1890		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min. 4 8	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Barber			11. BIRTHPLACE (State or foreign country) Posey Co., Indiana			12. CITIZEN OF WHAT COUNTRY? U. S.		
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13a. FATHER'S NAME W. S. Calvin			13b. MOTHER'S MAIDEN NAME Olive Cummings			14. NAME OF HUSBAND OR WIFE Marie C. (Wehr) Calvin		
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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. 500-32-3685		17. INFORMANT'S SIGNATURE OR NAME Mary McIntosh		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis							
		DUE TO (c) Hardening of arteries							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from after death 7:50 pm 5/13/51, to 7:00 pm 5/13/51, that I last saw the deceased alive on Not recent, 1951, and that death occurred at 7:00 pm., from the causes and on the date stated above.

23a. SIGNATURE R. B. [Signature]		23b. ADDRESS Newburg, Mo.		23c. DATE SIGNED 5/13/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-14-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. May 14, 51		REGISTRAR'S SIGNATURE Cora E. Birmingham		380		25. FUNERAL DIRECTOR'S SIGNATURE Jesse Baker, St James Mo		ADDRESS	
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EX-103

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 Embalmer No.

Signed.....
Student Embalmer

Signed

C. Jesse Gahr

Licensed Embalmer No. *4486*

P. O. Address *St James, 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.