

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17627

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5994</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PUTNAM</b>			
b. CITY OR TOWN <b>RURAL - Richland Township</b>		c. LENGTH OF STAY (in this place) <b>4 YEARS</b>		c. CITY OR TOWN <b>RURAL - Richland Township</b>		0860	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIONVILLE</b>				d. STREET ADDRESS (If rural, give location) <b>UNIONVILLE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NORA</b> b. (Middle) <b>MAE</b> c. (Last) <b>CALVIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 30 1951</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 2 1890</b>		9. AGE (in years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>PUTNAM COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES MARCUM</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH PICKETT</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN WILLIAM CALVIN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James R. Calvin Milton Jr.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral hemorrhage</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>not known</b> DUE TO (c) <b>not known</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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) (Min.)		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>May 24, 1951</u> , to <u>May 30, 1951</u> , that I last saw the deceased alive on <u>May 29, 1951</u> , and that death occurred at <u>12:35A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>L. W. McDonald</b>				23b. ADDRESS <b>Unionville Mo</b>		23c. DATE SIGNED <b>5-21-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 1 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>THOMPSON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>PUTNAM COUNTY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>6-2-51</b>		REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>COMSTOCK FUNERAL HOME</b>		ADDRESS <b>UNIONVILLE, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 4 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 6-514022  
Date Filed: JUN 4 1961

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 James W Comstock  
Licensed Embalmer No. 4197  
P. O. Address Unionville, Mo.

Signed.....  
Student Embalmer

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.