

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

233

State File No.

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 55

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colorado b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (In this place) 17 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver <u>8750</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | d. STREET ADDRESS (If rural, give location) _____ | |

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|-------------------------------------|--------------------|-----------------|-------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Artelia | b. (Middle) May | c. (Last) Calkins | 4. DATE OF DEATH (Month) (Day) (Year) January 11, 1952 |
|-------------------------------------|--------------------|-----------------|-------------------|--|

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|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------------|------------------------------|----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 9, 1880 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Hours _____ | IF UNDER 6 MIN. Min. _____ |
|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------------|------------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) DeKalb Co., Mo. <u>U</u> | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John H. Owen | 13b. MOTHER'S MAIDEN NAME Cordelia Whitsell | 14. NAME OF HUSBAND OR WIFE Thomas T. Calkins |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas T. Calkins-Denver, Colorado |
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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, asthenia, 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) Generalized metastatic carcinoma-matosis | | 6 weeks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervix | | 8 mos. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia | | 2 mos. | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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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 Jan. 1, 1952, to Jan. 11, 1952, that I last saw the deceased alive on Jan. 11, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Thompson D. Potter</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>731 Faraon St., St. Joseph</u> | 23c. DATE SIGNED <u>Jan. 12, 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-13-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Womsley Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cameron, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 18, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss Crunk- Cameron, Missouri</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

AUG 16 1957

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 *Lawrence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Camden, 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.