

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

470

State File No.

FILED JAN 15 1952 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4070 Registrar's No. 1

0150

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

1. PLACE OF DEATH a. COUNTY <u>Candlen</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Candlen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		c. LENGTH OF STAY (in this place) <u>Several years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland, Mo</u>		0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Town of Stoutland Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Town of Stoutland</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Calkin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28, 1864</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Spencer County - Ind</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Wm H Calkin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth R Larkin</u>	14. NAME OF HUSBAND OR WIFE <u>Sue Calkin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. M. Calkin, Stoutland MO</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer on hand</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4214 H</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April</u> , 1952, to <u>Jan 2, 1952</u> , that I last saw the deceased alive on <u>Jan 2, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. E. Calkin M.D.</u>		23b. ADDRESS <u>Stoutland Mo</u>	23c. DATE SIGNED <u>Jan 7 1952</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Locke Co, Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 7 1952</u>	REGISTRAR'S SIGNATURE <u>Zilpha Traw 42</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J. Evans Stoutland Mo</u>	

RECEIVED JAN 14 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed JAN 14 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

He was not embalmed
.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Virgil Gunn*
.....

Licensed Embalmer No.

P. O. Address *Stoutland, 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.