

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

739

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 10

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Daviess</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Pattonsburg, Mo.</u>                           |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Missouri</u>                                   |  |
| c. LENGTH OF STAY (in this place) <u>70 Yrs</u>  |  | d. STREET ADDRESS (If rural, give location) _____   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____ |  |   |  |

|   |                                  |  |  |   |  |
|---|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Orfila</u> b. (Middle) <u>Flour</u> c. (Last) <u>Calhoon</u> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 21, 1952</u>             |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>June 13, 1876</u>                                 | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>     |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____                                  | 11. BIRTHPLACE (State or foreign country)<br><u>Sullivan County, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>Robert Calhoon</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Harriett Ernest</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Ellen Calhoon</u>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>--</u>                | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Ellen Calhoon, Pattonsburg, Mo.</u> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Heart Block</u>  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

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|--|--|--|
| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION<br><u>4330</u>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 Jan 2, 1952, to Jan 21, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

|  |                             |  |  |
|--|-----------------------------|--|--|
| 23a. SIGNATURE<br><u>John D. Harris M.D.</u>               | (Degree or title)           | 23b. ADDRESS<br><u>Pattonsburg, Mo.</u>                        | 23c. DATE SIGNED<br><u>Jan 21, 1952</u>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>1/25/52</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Pattonsburg, Mo.</u> |

|  |   |   |                                    |
|--|---|---|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>29 Jan 1952</u> | REGISTRAR'S SIGNATURE<br><u>Virginia M. Engelhart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Wm. J. ...</u> | ADDRESS<br><u>Pattonsburg, Mo.</u> |
|--|---|---|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0310

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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 *Louis G. Gault* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Patuxent, Md.* .....

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.