

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9780

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

FILED APR 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 2738

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY McLean	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomington 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Calhoun c. (Last) Calhoun			4. DATE OF DEATH March 23, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1886
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 4	IF UNDER 1 Mth. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY G. M. & O. R. R.	11. BIRTHPLACE (City and State or Foreign Country) Greensburg, Ky.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Bush Calhoun	
13b. MOTHER'S MAIDEN NAME Betty Judd		14. NAME OF HUSBAND OR WIFE Artie Price	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Artie Price, Calhoun, Bloomington, Ill.			
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) Carcinoma of Larynx INTERVAL BETWEEN ONSET AND DEATH 1 yr  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Larynx	
20. AUTOPSY? YES <input checked="" 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 161X	
22. I hereby certify that I attended the deceased from Feb 20, 1952 to March 23, 1952, that I last saw the deceased alive on March 22, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE George H. Houtz (Degree or title)		23b. ADDRESS 607 N. Grand St. Home	
23c. DATE SIGNED March 23, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/25/52	
24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Bloomington, Ill.	
DATE REC'D BY LOCAL REG. MAR 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	

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

**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

*Ernest W. Spillers*  
.....  
4080

Licensed Embalmer No. ....

P. O. Address.....

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.