

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12704

State File No.

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 11

427
4

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | |
| c. LENGTH OF STAY (In this place) <u>6 mos</u> | | d. STREET ADDRESS (If rural, give location) <u>901 N. Second Clinton Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore's Nursing Home</u> | | | |

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|--|-------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLETUS</u> b. (Middle) <u>PAUL</u> c. (Last) <u>CALLIOTTE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Dec 14, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Weingarten Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|---|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Cyril Calliotte</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James C Calliotte</u> ADDRESS <u>8724 Annette St. Louis, Mo</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia, right</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 mos</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral hemorrhage</u> | | |
| | 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>Hypertensive Cardio-vascular disease</u> | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 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? _____ |

22. I hereby certify that I attended the deceased from May 1951, to April 14, 1952, that I last saw the deceased alive on March 31, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

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|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>S.R. Hughes</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Clinton, Mo.</u> | 23c. DATE SIGNED <u>4/14/52</u> |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/16/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cem.</u> | 24d. LOCATION (City; town, or county) (State) <u>St. Louis Mo</u> |
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|---|---|-----|---|
| DATE REC'D BY LOCAL REG. <u>April-21-52</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 432 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Nickman & Dunning</u> ADDRESS <u>Clinton Mo</u> |
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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..... *Robert L. Dunning*

Licensed Embalmer No. *4510*

P. O. Address *Clinton 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: