

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16229

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROSS TIMBERS, MO</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CROSS TIMBERS, MO</u>		d. STREET ADDRESS (If rural, give location) <u>0430</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>			b. (Middle) <u>Isbell</u>		c. (Last) <u>Calkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-20-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>Nov-16-1879</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Month <u>6</u> Days <u>4</u>	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>H. T. Alexander</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret McGee</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Calkins</u>			
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 <u>Mrs. Homer Ains Frisvold</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>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		334X		20. AUTOPSY? 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) _____		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 <u>Nov 16, 1952</u> , to <u>Nov 17, 1952</u> , that I last saw the deceased alive on <u>12:30 AM 1952</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>C. Bailey</u> (Degree or title) <u>Do</u>				23b. ADDRESS <u>Urbanua, Mo</u>		23c. DATE SIGNED <u>6-3-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROSS TIMBERS</u>		24d. LOCATION (City, town, or county) (State) <u>HICKORY CO MO</u>			
DATE REC'D BY LOCAL REG. <u>6-3-1952</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		464 25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan - Rees</u>		ADDRESS <u>Urbanua, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Allen W. Vaughan*.....

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4156*.....

P. O. Address..... *Urbana, Ill.*.....

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.