. No. 300
. 10.48

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20888

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 105

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1133 S. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 1473
d. STREET ADDRESS (If rural, give location): 1133 S. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): LOUISE
c. (Last): CALHOUN

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1952

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov 26, 1877
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): ~~Concordia~~ CORDER, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ----- Schaible
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: James Henry Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. L.T. Rawlings, 1133 Main, Carthage, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis chronic interstitial — 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.: Myasthenia Gravis — 10 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1946, *to* June 11, 1952, *that I last saw the deceased alive on* June 11, 1952 *and that death occurred at* 7:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Wood M.D.
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: June 12 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: June 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: L B Clinton M.D. 137
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-19-52
Jasper County Health Office
County File Number 52/6/468
Date Filed 6-19-52

DEC 19 1952

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 H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.