

38494

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300

v. 10.48

FILED DEC 12 1952

BIRTH NO.		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5563</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. south of Glover</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles south of Glover</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLLIE</u>		b. (Middle)		c. (Last) <u>CALKINS</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>5</u>		(Year) <u>1952</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 10 1866</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Glover Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elihue Dunn</u>			13b. MOTHER'S MAIDEN NAME <u>Elvira Palmer</u>			14. NAME OF HUSBAND OR WIFE <u>Williams Calkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leo Asher, Chloride Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Consolidated right lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Barcinoma of chest</u> DUE TO (b) <u>Barcinoma of chest</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>1 yr</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1991x</u>				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>Oct 1</u> 19 <u>52</u> to <u>Nov 5</u> 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 4</u> 19 <u>52</u> , and that death occurred at <u>12.05</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. M. [Signature]</u>				23b. ADDRESS <u>Leaterville Mo</u>		23c. DATE SIGNED <u>11/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glover Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-10-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>			

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

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REC 12 1932

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 Amel J. White

Licensed Embalmer No. 3012

P. O. Address Washburne 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.