

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Lewis Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. LENGTH OF STAY (In this place) <u>4 yr.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>		d. STREET ADDRESS (If rural, give location) <u>Katie Jane Memorial Home</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)		b. (Middle) <u>THOMAS</u>	
c. (Last) <u>CALVIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 4, 1880</u>
9. AGE (In years last birthday) <u>72</u>		Months <u>?</u>	Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marshall Calvin</u>		13b. MOTHER'S MAIDEN NAME <u>Asby</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFIRMANT'S SIGNATURE OR NAME <u>Tracy Moore</u>		ADDRESS <u>Tracy 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis with</u> ANTECEDENT CAUSES DUE TO (b) <u>long time father</u> DUE TO (c) <u>Pneumonia Bilateral</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension - 4222</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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>Jan 9, 1950</u> , to <u>Feb 7, 1953</u> , that I last saw the deceased alive on <u>Feb 6, 1953</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Asby</u>		23b. ADDRESS <u>Warrenton Mo</u>	
23c. DATE SIGNED <u>2-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tracy Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE <u>Floyd Lagan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>		ADDRESS <u>Tracy Mo</u>	

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 Wayne McLaughlin

Licensed Embalmer No. 3586

P. O. Address Jay 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.