

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9331**

FILED MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN, MO. 0361	
c. LENGTH OF STAY (In this place) 1 MO		d. STREET ADDRESS (If rural, give location) R.R. #2 AT CITY LIMITS	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #2 AT CITY LIMITS			

3. NAME OF DECEASED (Type or Print) a. (First) CALEDONIA	b. (Middle) -	c. (Last) CALVERT	4. DATE OF DEATH (Month) (Day) (Year) 3 9 53
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH AUG. 12, 1885	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR (Months) (Days) 6 27	11. UNDER 100 Hrs. (Hours) (Mts.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) JEFFERIESBURG, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CONRAD DILL	13b. MOTHER'S MAIDEN NAME MARGARET HUNGER	14. NAME OF HUSBAND OR WIFE JOHN HENRY CALVERT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. ALBERT SPARIS	ADDRESS SULLIVAN MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 wks. 2 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 1**, 19**53**, to **Mar. 9, 1953**, that I last saw the deceased alive on **Mar. 6, 1953**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Royce J. D. O.	23b. ADDRESS Sullivan Mo	23c. DATE SIGNED 7/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/12/53	24c. NAME OF CEMETERY OR CREMATORY Z.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SULLIVAN MO.
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DATE REC'D BY LOCAL REG. 3-11-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Amateur Sullivan Mo	ADDRESS
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.