

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31195**

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **267**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Williamson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hurst, Illinois</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francois Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Brian</b>		b. (Middle) <b>Edward</b>	
c. (Last) <b>Calvert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 15 53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>inf</b>	8. DATE OF BIRTH March 27, 19 <b>52</b>
9. AGE (in years last birthday) <b>1</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Hurst Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
13a. FATHER'S NAME <b>Jack A. Calvert</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Irene Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack a. Calvert</b>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Jaughlio neuro blastoma</b>		ADDRESS <b>Hurst, Ill</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>193x</b>			
19a. DATE OF OPERATION <b>9-15-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Jaughlio neuro-blastoma Retroperit left</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hurst, Ill</b>			
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?			
22. I hereby certify that I attended the deceased from <b>9-15-53</b> to <b>9-15-53</b> , 19 <b>53</b> that I last saw the deceased alive on <b>9-14</b> , 19 <b>53</b> and that death occurred at <b>3:12 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank Hall</b>		23b. ADDRESS <b>Cape Girardeau, Mo</b>	
23c. DATE SIGNED <b>9-17-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9 16 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Blairsville</b>		24d. LOCATION (City, town, or county) (State) <b>Williamson, Co. Illinois</b>	
DATE REC'D BY LOCAL REG. <b>9-17-53</b>		REGISTRAR'S SIGNATURE <b>Co. Co. Summers</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Jim Walker</b>		ADDRESS <b>Carbondale Ill</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1

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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.