

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41950

State File No. \_\_\_\_\_

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: register before death.) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Norwood.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Norwood, MO.</u>		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loranza</u>			b. (Middle)			c. (Last) <u>Calhoun</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar 9, 1874</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR (Months) (Days) <u>8 16</u>		11. UNDER 1 MIN. (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Calhoun</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Moody</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Calhoun</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Calhoun</u> ADDRESS <u>Norwood</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>					<u>Not known</u>
		ANTECEDENT CAUSES <u>Myocardial Infarction</u> DUE TO (b) <u>Hypertension, Arteriosclerosis</u>					<u>Not known</u>
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>10-2</u> , 19 <u>52</u> , to <u>11-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>53</u> , and that death occurred at <u>9:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed Calhoun M.D.</u>				23b. ADDRESS <u>Mountain Grove MO</u>		23c. DATE SIGNED <u>11-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kellogg</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, MO</u>	
DATE REC'D BY LOCAL REG. <u>11-28-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. R. Worsham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable White</u>		ADDRESS <u>Wright Co. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
40  
1

JAN 28 1955

OCT 18 1955

CO. HEALTH DEPT.  
County File Number 1253-154  
Date Filed 12-14-53

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

*Frank Grable*

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

4180

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

*Inter Group, Va*

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.