

FILED APR 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9393

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (in this place) 1 WK.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL		c. CITY OR TOWN HANNIBAL	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2005 MARKET ST. 0644	

3. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON CALVIN			4. DATE OF DEATH (Month) (Day) (Year) 3 - 31 - 54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 7-16-1862		9. AGE (In years last birthday) Months Days 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROADER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) FOLEY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM CALVIN		13b. MOTHER'S MAIDEN NAME ELIZABETH P.P.		14. NAME OF HUSBAND OR WIFE LENORA MOREATY CALVIN (DEC.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DAISY HEAUNERIDGE-HANNIBAL, Mo.	

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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardiac decompensation			
		DUE TO (b)			
		DUE TO (c)			
		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 4200		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)		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 **Nov**, 1952, to **March 31, 1954**, that I last saw the deceased alive on **3/30**, 1954, and that death occurred at **1:58** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Meriel Collier M.D.		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED 3/31/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-54	24c. NAME OF CEMETERY OR CREMATORY GRANDVIEW BURIAL PARK		24d. LOCATION (City, town, or county) (State) HANNIBAL, MISSOURI
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DATE REC'D BY LOCAL REG. 3-31-54		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Baker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jack Schwarz - Hannibal, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1964

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

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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.....
Signature of Student Embalmer

Signed *Jack Schwortz*.....
Licensed Embalmer No. *490*.....

P. O. Address *Hannibal*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.