

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17751

State File No. _____

FILED JUN 15 1954

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4849 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Attendale Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Attendale Mo</u> <u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>(none)</u> c. (Last) <u>Calhoun</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 6 - 1870</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>6</u> DAYS <u>11</u> HOURS <u>4</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fisher man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Attendale 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>Julian Ann House</u>	
14. NAME OF HUSBAND OR WIFE <u>Retta Calhoun</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Retta Calhoun</u> ADDRESS <u>Attendale 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.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>			<u>5 years</u>
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 <u>351 X</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>19 47</u> , to <u>May 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>MAY 16</u> , 19 <u>54</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank S. Matteson M.D.</u>		23b. ADDRESS <u>Grant City, MO</u>	
23c. DATE SIGNED <u>6-19-54</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20 - 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Attendale C.</u>		24d. LOCATION (City, town, or county) (State) <u>Attendale Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 9 - 1954</u>		REGISTRAR'S SIGNATURE <u>Foto E. Dawson</u> ADDRESS <u>Grant City Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City 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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.