

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26106**

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4549		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY WORTH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WORTH			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALLENDALE		c. LENGTH OF STAY (In this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALLENDALE MO		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) EVA		b. (Middle) MAY		c. (Last) CALHOON		4. DATE OF DEATH (Month) (Day) (Year) July 20 1954	
5. SEX 71		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec-19-1879	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY run home		11. BIRTHPLACE (City and State or Foreign Country) Allendale mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sim Conkle		13b. MOTHER'S MAIDEN NAME Angeline Graham		14. NAME OF HUSBAND OR WIFE Fred Calhoon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME Fred Calhoon		ADDRESS Allendale 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancerous 7 Line ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561				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) 1561			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 1, 1954 , to July 20, 1954 , that I last saw the deceased alive on July 20, 1954 , and that death occurred at 7 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. A. Williamson 2 Do				23b. ADDRESS Reuter mo		23c. DATE SIGNED July 20-1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22-54		24c. NAME OF CEMETERY OR CREMATORY Allendale Cemetery		24d. LOCATION (City, town, or county) (State) Allendale mo	
DATE REC'D BY LOCAL REG. 7-28-1954		REGISTRAR'S SIGNATURE John E. Lawrence		345- KA Brown		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dennis mo	

(Licensed Embalmers' Statements on Reverse Side)

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

VS JUN 30 1980

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 _____

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.