

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40124

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 5118 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>McBaine</b>	c. LENGTH OF STAY (in this place) <b>64 yrs.</b>	c. CITY OR TOWN <b>McBaine</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route #1</b>		STREET ADDRESS (If rural, give location) <b>Rural Route #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **George** b. (Middle) **Washington** c. (Last) **Calvert**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 18, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **April 11, 1866** 9. AGE (in years last birthday) **88** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and State or Foreign Country) **Howard County Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Carson Calvert** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR (deceased) **Ada Brushwood Calvert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **-----** 17. INFORMANT'S SIGNATURE OR NAME **Bradford Calvert, McBaine Rt. #1** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12-18-54</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Decompensation</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Senile Debility</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Mal-Nutrition</b>		
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 **1222** 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-13, 1954, to 12-18, 1954, that I last saw the deceased alive on 10-24, 1954, and that death occurred at 400 P. m., from the causes and on the date stated above.

23a. SIGNATURE *Walter Parker* (Degree or title) **D.O.** 23b. ADDRESS **Columbia, Mo.** 23c. DATE SIGNED **12-20-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/20/1954** 24c. NAME OF CEMETERY OR CREMATORIA **Old Union** 24d. LOCATION (City, town, or county) (State) **Columbia, Route #4 Mo.**

DATE REC'D BY LOCAL REG. **Dec 20 1954** REGISTRAR'S SIGNATURE **Mrs. R.E. Palmer** 31- 25. FUNERAL DIRECTOR'S SIGNATURE **Lyman Sprinkle** ADDRESS **Memorial Funeral Home, Columbia, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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, [REDACTED]....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lynnan A. Spunkle*

Licensed Embalmer No. *401*  
P. O. Address *Columbus*

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.