

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2155

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 3056 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 days</u>		STREET ADDRESS (If rural, give location) <u>916 Henry Street 0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NADINE</u> b. (Middle) <u>DORA</u> c. (Last) <u>WHITE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-11-1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June-2-1900</u>
9. AGE (In years last birthday) <u>54</u>	10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Burton Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Riley Calvert</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Ann Haines</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>492-28-1481</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vernon Forbis Wapella Iowa</u>	ADDRESS <u>Wapella Iowa</u>
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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) <u>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4202</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan. 1, 1955, to Jan. 11, 1955, that I last saw the deceased alive on Jan. 10, 1955, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gladys Meals D.O.</u>	23b. ADDRESS <u>205 S. Fifth, Moberly, M.</u>	23c. DATE SIGNED <u>1-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highce Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Highce Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-12-55</u>	REGISTRAR'S SIGNATURE <u>Reese</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u>	ADDRESS <u>Moberly MO</u>
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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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lenny R. Carter
Licensed Embalmer No. 490

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