

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5317**
Registrar's No. **24**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH
a. COUNTY **Jasper**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Carthage,**

c. CITY OR TOWN **La Russell** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Starchman Rest Home**

e. STREET ADDRESS (If rural, give location) **0490**

3. NAME OF DECEASED
a. (First) **Flora E.** b. (Middle) **E.** c. (Last) **Calhoun**

4. DATE OF DEATH (Month) (Day) (Year) **2-2-1955**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **11-15-1872** 9. AGE (In years last birthday) **83** 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) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **La Russell Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George La Fever**

13b. MOTHER'S MAIDEN NAME **Rebecca Langston**

14. NAME OF HUSBAND OR WIFE **John Quincy Calhoun**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Bert Calhoun Jasper Missouri**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Azotemia**

Interval between onset and death

ANTECEDENT CAUSES DUE TO (b) **Chronic nephritis**

6 weeks

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis, general and cerebral Fracture of hip, 11/20/54**

10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **592 Xf**

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) (Min.)

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 **11/20**, 19**54**, to **2/2**, 1955, that I last saw the deceased alive on **2/2**, 19**55**, and that death occurred at **6:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE **Charles J. Hales M. D.** (Degree or title)

23b. ADDRESS **201 W. Third Carthage, Missouri**

23c. DATE SIGNED **2/4/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-5-1955**

24c. NAME OF CEMETERY OR CREMATORY **Union Cemetery**

24d. LOCATION (City, town, or county) (State) **Jasper County Missouri**

DATE REC'D BY LOCAL REG. **2-7-55**

REGISTRAR'S SIGNATURE **Wm. Christman 139**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ulmer Funeral Home Carthage, Mo.**

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

0493
4

FEB 18 1937

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 William B. Banta

Licensed Embalmer No. 480

P. O. Address Banta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.