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|--|--|--|--|---|---|---------------------------------------|
| 1. PLACE OF DEATH 2. COUNTY Horny b. CITY (If woulds corrected limits, write BURAL and give normality) b. CITY (If woulds corrected limits, write BURAL and give normality) c. CILLENGTI OF COUNTY HORNY COUNTY (If woulds competitions, the stores address or location) d. FILL NAME OF It set is begins or insulations, stree stores address or locations institution works and the street address or locations in th | FILED FEB 2 | 1 1955 | STANDARD CERTIF | ICATE OF DEA | TH State File No | 7904 |
| b. COUNTY Henry b. CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CITY (III enclosed sorparies Builds, write RURAL and effer severable) CALVITAD CALVITA | IRTH NO | | REG. DIST. NO. | PRIMARY REG. DIST. N | 10. 3623 Registrar's No. | 44 |
| b. CITY (If conside composite limits, write RURAL and give township) OR TOWN Clinton OR CHILL NAME OF III so it is beapleted or institution, give stores address or locations in the property of the propert | I. PLACE OF DEA | | | I A CTATE | L COUNTY | ad a ission). |
| d. FULL NAME OF IL to at a bacquiar or bacquiary bacquiary (MOSPITA) Wetzel Hospital d. STREET ADDRESS 213 N. 3rd. St. 213 N. 3rd. St. CALVIRO CALVIRO DATE FOb. 12, 1955 S. SEX () 6. COLOR OR RACE 7. MARRIED, INVER MARRIED, | b. CITY (If outside cor | purate limite, write R | URAL and give c. LENGTH OF TAY (in this place) | c. CITY (If outside sorpo | | ship) 0422 |
| CALVIRD OCT TYPE OF PICE ROY L. CALVIRD DEATH Fob. 12, 1955 S. SEX () S. COLOR OR RACE (7. MARRIED, MUNDED GUVORCED (Speatry) Male of the third of the Mark (See during ment of working little, eres if rother) Male (SUAL OCCUPATION (Chew blidd of work does during ment of working little, eres if rother) Manual (Subject of Country) Martified D. KIND OF BUSINESS OR IN. OUSTRY St. Clair Country, Mo. (City and State of rother) It. Informant's St Country St. Clair Country, Mo. (City and State of rother) Mrs. Roy L. Calvird It. Informant's St. Clair Country It. Informant's St. Cla | HOSPITAL OR _ | - | | ADDRESS | | |
| Male White White Married Conduction (Specify) | DECEASED | | _ , | | OF | |
| deep during must of working this, were if rectived particles. Fartmer's County Officer 13b. Mother's Maiden Name 14. Name of Husband or Wife 12b. Main or Name 14. Name of Husband or Wife 15b. Mother's Maiden Name 14. Name of Husband or Wife 15b. Mother's Maiden Name 14. Name of Husband or Wife 15b. Mother's Maiden Name 15b. Name of Husband or Wife 15b. Mother's Maiden Name 15b. Name of Husband or Wife 15b. Mother's Maiden Name 15b. Name of Husband or Wife 15b. Mother's Maiden Name 15b. Name of Husband or Wife 15b. Name of N | U I | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Epochty) Married | | last birthday) Months | Days Hours Min. |
| Henry S. Calvird Della Urich S. WAS DECEASED EVER IN U. S. ARMED FORCES: WAS DECEASED EVER IN U. S. ARMED FORCES: Della Urich S. WAS DECEASED EVER IN U. S. ARMED FORCES: S. S. CLUE OF DEATH S. WAS DECEASED EVER IN U. S. ARMED FORCES: S. CLUE OF DEATH S. WAS DECEASED EVER IN U. S. ARMED FORCES: S. WAS DECEASED EVER IN U. S. ARMED FORCES: S. CLUE OF U. S. ALL OF WAS ARMED FORCES: S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. CALLED IN URL IN U. S. ARMED FOR EMETER OR CREMATORY S. ALD DEATH S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. ALD DEATH S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. ALD DEATH S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER OR CREMATORY S. ALD DEATH S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER SIGN TURE S. WAS DECEASED EVER IN U. S. ARMED FOR EMETER SIGN TURE S. WAS DECEASED EVER | done during most of workle | g life, even if retired) | DUSTRY | (41) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY 19. NO 10. If yes, sire was or dates of service) 10. OO-12-9168 11. DISEASE OF CATH 11. DISEASE OR CONDITION 11. DISEASE OR CONDITION 12. The does not mean 12. Memode of driving, such 13. ANTECEDENT CAUSES 14. If means the disease 15. DUE TO (c) 16. DUE TO (c) 17. INFORMANT'S SIGNATURE OPPNIME 3rd St ADDRESS 18. SOCIAL SECURITY 19. MAJOR FINDING TO DEATH 10. INFORMANT'S SIGNATURE OPPNIME 3rd St ADDRESS 18. SOCIAL SECURITY 19. DISEASE OR CONDITION 10. DIRECTLY LEADING TO DEATH' (a) 11. DISEASE OR CONDITION 12. ANTECEDENT CAUSES 18. SOCIAL SECURITY 19. MAJOR FINDING TO DEATH' (a) 19. MAJOR FINDINGS OF OPERATION 10. OF OPERATION 11. OF OPERATION 12. AUTOPSYT 12. OF OPERATION 13. OF OPERATION 14. OF OPERATION 14. OF OPERATION 15. OF OPERATION 16. OF OPERATION 16. OF OPERATION 17. OF OPERATION 18. OF OPERATION 19. | | dvird | | | Jeannette Calvird | |
| In DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) *This does not meen the fore (a), (b), and (c) *This does not meen the heart failure, estheria, the mode of spring, such the mode of spring, such the least fighting complica- tion which considered earth. **It means the dis- tion which considered earth. **It is a ACCIDENT USUADE **It is a ACCIDENT USUA | 5. WAS DECEASED EVE Yes. ng. or unknown) (If | R IN U.S. ARMED | at service) | Mrs. Roy L. | SIGNATURE OF NAME 3rd Calvird, Clinton, | d.Staddress |
| Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving a heart failure, authenia, it. It means the discussed in the above cause (a) stating in the underlying cause last. DUE TO (c) Pa. DATE OF OPERA. 11. OTHER SIGNIFICANT CONDITIONS Omiditions contributing to the death but not related to the disease or condition causing death. 12. DATE OF OPERA. 13. ACCIDENT SUICIDE WHILE AT DATE (Specify) INDICIDE 14. ACCIDENT SUICIDE WHORK DEATH OF OPERA. 15. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 16. TIME (Month) (Day) (Yeer) (Hour) 17. INJURY 18. INJURY OCCURRED WHILE AT NOT WHILE WORK DEATH ON WHILE WORK ATWORK DEATH OF AT | Inter only one cause per | I. DISEASE OR CO DIRECTLY LEAD | ONDITION | ulatory | Failure | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions contributing to the death but not related to the disease or conditions causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE (Boodly) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 19c. DATE (Month) (Day) (Year) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 19c. DATE (Month) (Day) (Year) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE WORK AT WORK 21d. Hereby certify that I attended the deceased from Dec., 1954 to 2-12, 1857, that I last saw the deceased alive on 2-12-1, 1952, and that death occurred at 8.25 m., from the causes and on the date stated above. 22a. SIGNATURE (Degree of title) 23b. ADDRES 1056 Obligation (City, town, or county) (State) 11 DATE REGISTAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) | the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or compilca- | Morbid conditions rise to the above of the underlying on | n, if any, giving DUE TO (b) Consume (a) stating use last. DUE TO (c) | onic Pulm | ulas lesione | 134. |
| TION TO PRODUCT TO PRODUCT TO PRODUCT TO PRODUCT SUICIDE HOMICIDE HOMICIDE TO PRODUCT TO PRODUCT TO PRODUCT SUICIDE HOMICIDE TO PRODUCT TO PRODUCT TO PRODUCT TO PRODUCT SUICIDE HOMICIDE TO PRODUCT TO PRODUCT TO PRODUCT TO PRODUCT SUICIDE HOMICIDE TO PRODUCT TO PRODU | ion which caused death. | | | | | |
| SUICIDE HOMICIDE NOTE: SUICID | 19a. DATE OF OPERA- TION | 195. MAJOR FINE | DINGS OF OPERATION | • · · · · · · · · · · · · · · · · · · · | 4214 | YES NO G |
| INJURY INJURY | ria. ACCIDENT SUICIDE HOMICIDE | | | 21c. (CITY, TOWN, OR T | OWNSHIP) (COUNTY) | (STATE) |
| alive on 2-12-1, 19 52, and that death occurred at 8:25 m., from the causes and on the date stated above. Ba. SIGNATURE (Degree of title) 23b. ADDRESS 10 50 ohter Clarks 2-14-5 24c. NAME OF CEMETERY OR CREMATORY Peb. 15, 1955 Oscoola Cometery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) (Licensed Embalmer's Statement on Reverse Side) | Nd. TIME (Mossb) OF INJURY | (Day) (Year) (| WHILEAT TO NOT WHILE TO | 21f. HOW DID INJURY | OCCUR7 | · . |
| MM. C. Scindario III. 105C Ohio; Clinton 2-14-5 MM. C. Scindario III. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TON REMOVAL (Specify) Feb. 15, 1955 OSCOOLA COMO TORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 422. 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ly. 15-S5 Torkica (Licensed Embalmer's Statement on Reverse Side) | 2. I hereby certify to alive on _2 - | hat I allended t 2-1, 19 _5 | he deceased from DEC. 2, and that death occurred at | 8:25 Pm., from the | | d above. |
| DATE REC'D BY LOCAL DATE REC'D BY LOCAL DATE REGISTRAR'S SIGNATURE 12. 15-55 C(Licensed Embalmer's Statement on Reverse Side) (Licensed Embalmer's Statement on Reverse Side) | 23a, SIGNATURE WM - C- | Suns | Ceruntle 80. | 105CO | hes; Clinton | 23c. DATE SIGNED 2 - 14-55 |
| 18, 15-55 Florence (Laurs V. d. Vansant, Clinton, Ma. | | reb. 15 | , 1955 Osceola Ceme | etery | Osceola, Mo. | · · · · · · · · · · · · · · · · · · · |
| | DATE REC'D BY LOCAL REG | J'Core | uce (dairs | H.d. Vans | sant Clinton | Mo. |
| | | | | Statement on Reverse Side |) | |

NUL

| I hereby certify that the body whose name is recorded on the | reverse side of this certificate was embalmed by me, er by |
|--|--|
| | |
| working under my personal supervision. | |
| Student | Signed J. L. Vansant |

Licensed Embalmer No. 3779

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.