

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7934**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 1-3 PRIMARY REG. DIST. NO. 3623 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> d. STREET ADDRESS (If rural, give location) <u>213 N. 3rd. St.</u>	
--	--	---	--

3. NAME OF DECEASED (Type or Print) <u>ROY</u> a. (First) <u>ROY</u> b. (Middle) <u>L.</u> c. (Last) <u>CALVIRD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1899</u>
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR (Specify) <u>3</u> 11. IF UNDER 12 HRS. (Specify) <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & County Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer & County Officer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry S. Calvird</u>	13b. MOTHER'S MAIDEN NAME <u>Della Urich</u>	14. NAME OF HUSBAND OR WIFE <u>Jeannette Calvird</u>
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>500-12-9168</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy L. Calvird, Clinton, Mo.</u> ADDRESS <u>213 N. 3rd. St.</u>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Pulmonary Congestion</u> DUE TO (c) <u>Heart Valvular Lesions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u>
--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Dec. 1954 to 2-12, 1955, that I last saw the deceased alive on 2-12-1, 1955, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Sundermont D.O.</u>	23b. ADDRESS <u>105C Ohio; Clinton</u>	23c. DATE SIGNED <u>2-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Osceola, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Feb. 15-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Vansant</u> ADDRESS <u>Clinton, Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
4220

JUN 2 1956

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 J. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.