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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No. **9789**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (In this place) 1 hr.	c. CITY OR TOWN Palmyra	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		STREET ADDRESS (If rural, give location) 1006 N. Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) Homar	b. (Middle) (none)	c. (Last) Calvert	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 5, 1895
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard operator		10b. KIND OF BUSINESS OR INDUSTRY N.E. Mo. Co-op	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Emden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thomas J. Calvert	13b. MOTHER'S MAIDEN NAME Margaret Durrett	14. NAME OF HUSBAND OR WIFE Grace Calvert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI	16. SOCIAL SECURITY NO. 486-20-2553	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Calvert	ADDRESS Palmyra, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, Postur.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	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) Palmyra, Marion, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **30 March, 1956**, to **31 March, 1956**, that I last saw the deceased alive on **30 March, 1956**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wyneth Hummel M.D.	(Degree or title) M.D.	23b. ADDRESS Palmyra, Mo.	23c. DATE SIGNED 3 April 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/2/56	24c. NAME OF CEMETERY OR CREMATORY Greenwood cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Missouri
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DATE REC'D BY LOCAL REG. 4/4/56	REGISTRAR'S SIGNATURE D. E. Lucke	25 FUNERAL DIRECTOR'S SIGNATURE E. J. Sprague	ADDRESS Palmyra, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

APR 7 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Dean W. Huff*

Licensed Embalmer No. 4914.....

P. O. Address Palmyra, Mo.....

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.