

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5773

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4410 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. CITY OR TOWN St. James, 0810 0	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital		STREET ADDRESS (If rural, give location) Highway #68	

3. NAME OF DECEASED (Type or Print)	a. (First) Olive	b. (Middle) _____	c. (Last) Calvin	4. DATE OF DEATH (Month) (Day) (Year) Feb 19, 1957
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5. SEX Female	6. COLOR OR RACE White 1	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Jan 13, 1870	9. AGE (In years less birthday) 87	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 6	IF UNDER 1 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Indiana 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Cummings	13b. MOTHER'S MAIDEN NAME Sidney Williams	14. NAME OF HUSBAND OR WIFE William Louis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Ben McIntosh ADDRESS Rte 1 Cuba, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardiovascular Heart Disease		MEDICAL CERTIFICATION Generalized Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Atherosclerosis			
	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	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) 4221
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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?
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22. I hereby certify that I attended the deceased from 12-3-56, 1956, to 2-19, 1957, that I last saw the deceased alive on 2-19, 1957, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE Jessie Groves (Degree or title) MD	23b. ADDRESS St. James Mo	23c. DATE SIGNED 2-21-57
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE Feb 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Phelps Co, Mo.
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DATE REC'D BY LOCAL REG. 2-23-1957	REGISTRAR'S SIGNATURE Ruth O. Powell	25. FUNERAL DIRECTOR'S SIGNATURE Jessie Groves (To be filled in by funeral director)
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(Licensed Embalmer's Statement on Reverse Side)

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

477

RECEIVED

Phelps County Health Officer,

County File Number 659

Date Filed 2/26/57

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 *C. Jesse Gahr*

Licensed Embalmer No. 4486.....

200 So. Meramec

P. O. Address St. James, 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.