

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9186

STATE FILE NUMBER

FILED MAR 25 1957

16130-57 Registration District No. 164 Primary Registration District No. 8082 Registrar's No. 40

Health,  
& Welfare  
Public  
Service

S. 300  
Y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Warrensburg, 0512</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center, 2 days</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>329 East Gay Street,</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>LARRY</i> Middle <i>GENE</i> Last <i>CALHOON</i>			4. DATE OF DEATH <i>March 16th, 1957</i> Month <i>March</i> Day <i>16th</i> Year <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 14th, 1957</i>
9. AGE (In years last birthday) <i>0</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>2</i> Hours <i>0</i> Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	11. BIRTHPLACE (City and state or country) <i>Warrensburg, Johnson Co. Mo.</i>
13. FATHER'S NAME <i>Lester Calhoon</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME <i>Hazel Spangler,</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mr. Lester Canfield Calhoon, Warrensburg,</i> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital poly cystic disease, kidney</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>7571</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <i>3-14-1957</i> to <i>3-16-1957</i> and last saw her alive on <i>3-16-57</i> Death occurred at <i>4:00 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.		22b. ADDRESS <i>Warrensburg, Missouri.</i>	
		22c. DATE SIGNED <i>3-17-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-17-1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill C. metery,</i>		23d. LOCATION (City, town, or county) (State) <i>Warrensburg, Missouri.</i>	
24. FUNERAL DIRECTOR <i>R.A. Brauntnger, Warrensburg, Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Mar. 19, 1957</i>	
		26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>	

(Licensed Embalmer's Statement on Reverse Side)

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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 me..... Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed R. A. Bauninger

Licensed Embalmer No. 337

P. O. Address Warwick

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.