

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9280**

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5664** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL REDDISH		c. LENGTH OF STAY (In this place) XXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. west WILLIAMSTOWN		c. CITY OR TOWN WILLIAMSTOWN d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3 mi. west WILLIAMSTOWN	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) RENELLA c. (Last) CALKIN			4. DATE OF DEATH APRIL 1, 1957 (Month) (Day) (Year)		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX		8. DATE OF BIRTH 12/31/1882	
				9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months 3 Days 0 Hours 0 Min.	
11. BIRTHPLACE (City and State or Foreign Country) CHILLICOTHE, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME LEROY REED		13b. MOTHER'S MAIDEN NAME GERTRUDE unknown		14. NAME OF HUSBAND OR WIFE FRANK W. CALKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXX 331-03-5585		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. R. D. FALK Williamstown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) _____			3 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 331x		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 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 **Oct. 16, 1956**, to **April 1, 1957**, that I last saw the deceased alive on **April 1, 1957**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. E. Todd D.O.		23b. ADDRESS Williamstown Mo		23c. DATE SIGNED 4/2/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/5/1957		24c. NAME OF CEMETERY OR CREMATORY LIVE OAK	
				24d. LOCATION (City, town, or county) (State) MONROVIA, CALIFORNIA	

DATE REC'D BY LOCAL REG. 4-2-57		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. Conroy, Lewistown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

161-0

APR 24 1957

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 *Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISS

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.