

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

57 0 22405
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5524**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb	d. STREET (If outside, give location) ADDRESS 1117 No. Whittier		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emmett Calhoun			4. DATE OF DEATH Month 6 Day 11 Year 57			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8 1893		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) Macon Ga.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Calhoun			14. MOTHER'S MAIDEN NAME Carrie Tharp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 1		16. SOCIAL SECURITY NO. 489-20-7660		17. INFORMANT Address Viola Calhoun 4249a^w Finney Ave		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Prostate with Metastasis					INTERVAL BETWEEN ONSET AND DEATH Undet.	
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).					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year 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 4-15-57 to 6-11-57 and last saw him alive on 6-11-57 Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Mrs. B. Stanford, M.D.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 6-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Monaview Cemetery		23d. LOCATION (City, town, or county) (State) Muskogee Heights, Mich.	
24. FUNERAL DIRECTOR ADDRESS Jas H. Randle & Son 3133 Bell Ave			25. DATE RECD. BY LOCAL REG. JUN 13 57		26. REGISTRAR'S SIGNATURE [Signature]	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard name-certificate form. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Esther K. Harre*

Licensed Embalmer No. *4181*

P. O. Address *4181 Was*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.