

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29010

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 52

Health, Welfare, Public Service
000
-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0830

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) } <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Arthur</u> First Middle Last <u>Calvert</u>		4. DATE OF DEATH <u>AUGUST 22 1957</u> Month Day Year	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 26, 1894</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Montgomery County, Ky.</u>
13. FATHER'S NAME <u>George Calvert</u>		14. MOTHER'S MAIDEN NAME <u>MARY Alice Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-03-3115</u>	17. INFORMANT <u>Brownie Hull</u> Address <u>Weston, Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 yrs</u> <u>4 Yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Obesity</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>XXXXXXXXXX</u>	
20c. TIME OF INJURY Hour Month, Day, Year, a. m. <u>XXXXXXXXXX</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>XXXXXXXXXX</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Weston Missouri</u>	
21. I attended the deceased from <u>Mar. 1951</u> to <u>Dec. 15, 56</u> and last saw ^{NOT} him alive on <u>Dead on</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the time stated.			
22a. SIGNATURE <u>Lewis C. Calvert M.D.</u> (Degree or title)		22b. ADDRESS <u>Weston, Missouri</u>	
22c. DATE SIGNED <u>8/23/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-24-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL</u>	23d. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>
24. FUNERAL DIRECTOR <u>Walter R. VAUGHN</u> ADDRESS <u>Weston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-1957</u>	26. REGISTRAR'S SIGNATURE <u>Uphiea Rollins</u>

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by WALTER R. VAUGHN, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed WALTER R. VAUGHN

Licensed Embalmer No. H.

P. O. Address Weston

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.