Health, & Welfare Public Service

. 300 C
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32932
STATE FILE NUMBER

FILED SEP 30 1957

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rolla — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Rolla — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4 Southbrook Drive — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ELLA Middle: Last: CALHOUN

4. DATE OF DEATH Month Day Year: Sept. 21, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug. 21, 1892

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: xx

11. BIRTHPLACE (City and state or country): Clinton, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph B. Whitson,

13b. MOTHER'S MAIDEN NAME: Sarah Hutton

14. NAME OF HUSBAND OR WIFE: Willis A. Calhoun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xx

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Willis A. Calhoun, No. 4 Southbrook Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Leio-myo sarcoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute secondary anemia
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 July 15, 1957 to Sept 21, 57 and last saw her/him alive on Sept 21, 57. Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. K. Underwood M.D.

22b. ADDRESS: 202 West 10th Rolla Mo

22c. DATE SIGNED: 9-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY: Ozark ~~Memorial~~ Gardens.

23d. LOCATION (City, town, or county) (State): Rolla, Missouri

24. FUNERAL DIRECTOR ADDRESS: Null & Sons Funeral Home Rolla Mo.,
Dale E. Null

25. DATE RECD. BY LOCAL REG.: Sept. 21, 1957

26. REGISTRAR'S SIGNATURE: Nadine L. Stoel

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED
Phelps County Health Officer,
County File Number 847 816
Date Filed 9-25-57

OCT 2 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.