

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43506

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1408

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY Buchanan (Institution))	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph, <i>city</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2702 So 19th		Length of stay in 1b 25 yrs	d. STREET ADDRESS 2702 So 19th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hallie Middle May Last Calvert			4. DATE OF DEATH Month Dec Day 14 Year 1957
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1880
9. AGE (In years last birthday) 77		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) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Quitman Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J.W. Widdle	
13b. MOTHER'S MAIDEN NAME Laura Wycoff		14. NAME OF HUSBAND OR WIFE J.C. Calvert (de)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Charles DuBree Address St. Joseph, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) Mycarditis & Coronary Complications DUE TO (c) Influenza Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Dec 1-57 2 weeks
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? 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.) 481X	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 Dec 6-57 to Dec 13 57 and last saw her alive on Dec 13-57 Death occurred at Dec 14-57, 3:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. E. Hartsock M.D.		22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 12/17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/17/57	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	23d. LOCATION (City, town, or county) (State) Savannah Mo
24. FUNERAL DIRECTOR James E. [unclear]		ADDRESS St. Joseph	25. DATE RECD. BY LOCAL REG. Dec. 27, 1957
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

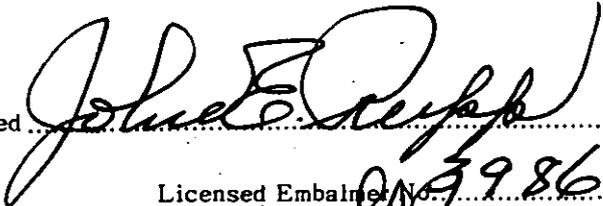
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

48

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 

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.