

FILED JAN 13 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1451

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Buckannon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>St. Joseph</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		c. CITY OR TOWN <u>Plattsburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. Meth. Hosp</u>			Length of stay in 1b <u>50 Days</u>	d. STREET ADDRESS (If outside, give location) <u>709 Bidaway</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Calvin</u> First <u>Henry</u> Middle <u>Moreland</u> Last				4. DATE OF DEATH <u>Dec 27 1957</u> Month <u>Dec</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 11 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u>	11. BIRTHPLACE (City and state or country) <u>Plattsburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Henry Moreland</u>				14. MOTHER'S MAIDEN NAME <u>Armilda Ellington</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Elbert Dixon</u> Address <u>Plattsburg MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Pulmonary Infection</u>						<u>12 hr</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Nepatitis, Recurrent (Homologous Serum)</u>						<u>3 mo</u>	
DUE TO (c) <u>951X</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>46</u>						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.)				
20c. TIME OF INJURY Hour <u>7 30</u> Month, Day, Year <u>p.m.</u>							
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 <u>320</u> COUNTY STATE			
21. I attended the deceased from <u>June 1957</u> to <u>Dec 1957</u> and last saw <u>him</u> alive on <u>Dec 27, 1957</u> . Death occurred at <u>7 30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John P. Mahery M.D.</u>				22b. ADDRESS <u>Plattsburg, Mo.</u>		22c. DATE SIGNED <u>Dec 28, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/29/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN Cemetery</u>		23d. LOCATION (City, town, or county) <u>Plattsburg</u> (State) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Heaton-Bowman</u> ADDRESS <u>St. Joseph, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Jan. 3, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>		

JAN 14 1958

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..... *Casper Wood*

Licensed Embalmer No. *5824*

P. O. Address *314 101st St. H.C.*

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.