

FILED APR 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010457
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 54

300
-57
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1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Russell-Joachim</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CRESTWOOD</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFFERSON MEM. Hosp.</u>	Length of stay in 1b	d. STREET ADDRESS <u>9618 Highway 66</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WAYNE</u> Middle <u>M</u> Last <u>McCALMONT</u>			4. DATE OF DEATH <u>MAR. 28 1958</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>MAY 22 1901</u>	9. AGE (In years by birthday) <u>56</u>	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) <u>TOOL & DYE MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MAGIC CHEF</u>	11. BIRTHPLACE (City and state or country) <u>CLEVELAND OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN McCALMONT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BACON</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE McCALMONT</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>493-05-5494</u>	17. INFORMANT <u>FLORENCE McCALMONT</u>	Address <u>CRESTWOOD Mo</u>
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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>amyotrophic lateral sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>—</u>	3561
	DUE TO (c) <u>—</u>	
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.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	<u>—</u>	

20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>—</u>	COUNTY <u>—</u>	STATE <u>—</u>
21. I attended the deceased from <u>Aug. 24, 1957</u> to <u>March 28, 1958</u> and last saw him alive on <u>March 21, 1958</u> Death occurred at <u>8:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>John F. Rutledge</u> (Degree or title) <u>J</u>		22b. ADDRESS <u>M.D. Crystal City Mo</u>		22c. DATE SIGNED <u>3-28-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>MAR. 31 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. GENERAL DIRECTOR <u>Thomas Kuten 2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-58</u>	26. REGISTRAR'S SIGNATURE <u>John F. Rutledge</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 1 1958

SEP 5 1958

APR 23 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 *Samuel Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Lewis*

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.