

FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015149  
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 17

300  
1-57  
604

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ozage</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Linn Crawford Township</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | c. CITY OR TOWN <u>Jefferson City</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Linn Manor Nursing Home</u>  |  | Length of stay in 1b<br><u>6 1/2 Mo.</u>   | d. STREET ADDRESS (If outside, give location)<br><u>407 E High</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Meta B Calhoun</u>  |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>April 21 1958</u>  |
| 5. SEX<br><u>female</u>  | 6. COLOR OR RACE<br><u>white</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 26, 1887</u>   |
| 9. AGE (In years last birthday)<br><u>71</u>   |  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>buyer for Ladies Clothing</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Buyer</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Kansas</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  | 13a. FATHER'S NAME<br><u>Joshua Bunting</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Lucy Smith</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Thomas Calhoun (dec)</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>207-07-3524</u>  | 17. INFORMANT<br><u>James E Bunting</u><br>Address<br><u>Holt Summit Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerosis Cerebral</u><br>DUE TO (c) <u>331X</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 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?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |  |   |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |   |
| 21. I attended the deceased from <u>10-1-57</u> to <u>4-21-58</u> and last saw <u>her</u> alive on <u>4-16-58</u><br>Death occurred at <u>4:10 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |  |  |   |
| 22a. SIGNATURE<br><u>Thomas W. Baldwin D.O.</u>  |  | 22b. ADDRESS<br><u>Linn, Mo.</u>   | 22c. DATE SIGNED<br><u>4/22/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>22 Apr. 1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Linn Memorial Park</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Linn, Mo.</u>   |
| 24. FUNERAL DIRECTOR<br><u>Clyde Morton</u> , ADDRESS<br><u>Linn, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>4-24-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. F. L. Duberoulet</u>   |

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 *Vernon M. Montau*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln 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.