

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017157

STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 374 Primary Registration District No. 4549 Registrar's No. 19

5. 300
1-57
130

10

All diseases in Part I must be concisely related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allendale MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Allendale, MO</u> <u>1139</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		Length of stay in lb <u>60 Yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Leona</u> Middle <u>Maude</u> Last <u>Calhoon</u>				4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1958</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 25, 1894</u>		9. AGE (In years at birthday) <u>63</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>Invalid entire life</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Allendale, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WF Calhoon</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Ann House</u>			14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT <u>MRS Sarah Sims</u> Address <u>Allendale, MO</u>			
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>ANOXIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>HEART FAILURE (MYOCARDIAL)</u> DUE TO (c) <u>INFLUENZA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)							INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> <u>4 DAYS</u> <u>6 DAYS</u> <u>481X</u>	
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 _____ 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 <u>DEC - 1958</u> to <u>APR 3, 1958</u> and last saw her/him alive on <u>APR. 2 - 1958</u> Death occurred at <u>12:00 P</u> in on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Richard G. Swift DO.</u> (Degree or title)				22b. ADDRESS <u>GRANT CITY MO</u>		22c. DATE SIGNED <u>4-4-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Allendale Cemetry</u>		23d. LOCATION (City, town, or county) (State) <u>Allendale MO</u>			
24. FUNERAL DIRECTOR <u>Kenneth Brown</u> ADDRESS <u>Waver, MO</u>			25. DATE RECD. BY LOCAL REG. <u>April 10 - 1958</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>			

MAY 2 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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address. Grant City, 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.