

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040631
STATE FILE NUMBER

Filed DEC 9 1958 Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 196

S. 300 3
1-57

1. PLACE OF DEATH a. COUNTY LINCOLN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hwy #79 - Burr Oak Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FOLEY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. North of FOLEY		Length of stay in lb	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 Middle Last GEORGE ELLIS CALVIN			4. DATE OF DEATH Month Day Year Nov. 22, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 22, 1933	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) FOLEY, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME EARL CALVIN		13b. MOTHER'S MAIDEN NAME MELISSA VAUGHN		14. NAME OF HUSBAND OR WIFE MAXINE CALVIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-36-1973	17. INFORMANT EARL CALVIN	Address FOLEY, 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) SMALL FRACTURE & OTHER INJURIES					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Collision of two autos. Trav in opposite					
DUE TO (c) DIRECTIONS (CORONER'S JURY VERDICT)					
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 checked="" 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.) Two Autos Collided Going in opposite direction			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 5:4 mi. south of "B" ON #79 057					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) SEE ABOVE	20f. CITY, TOWN, OR LOCATION LINCOLN	COUNTY Mo.	STATE	
21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, M or title) Joseph J. Marsh CORONER 3			22b. ADDRESS TROY, Mo.		22c. DATE SIGNED 11/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY BETHANY	23d. LOCATION (City, town, or county) (Sease) RFD - FOLEY, Mo		
24. FUNERAL DIRECTOR O. C. Ricks		ADDRESS ELSBERRY, Mo.	25. DATE RECD. BY LOCAL REG. 12-1-1958	26. REGISTRAR'S SIGNATURE Charlotte Leek	

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

JAN 9 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 *W. J. ...*

Licensed Embalmer No. *4012*

P. O. Address *Eldersy, 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.

DEC 11 1958