THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002134
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Morgan Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer County Home — Length of stay in Hospital 5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN Princeton. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Rose Middle Ann Last Calvert
4. DATE OF DEATH Month January Day 18, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 11, 1874
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months 1 Days 7 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millinery
10b. KIND OF BUSINESS OR INDUSTRY Own store
11. BIRTHPLACE (City and state or country) Mercer County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME S.W. Calvert
14. MOTHER'S MAIDEN NAME Margaret Scott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Clarabelle Inman, Address Kansas city. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Passive Congestion of the Lungs — INTERVAL BETWEEN ONSET AND DEATH 24 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Influenza two weeks previously 592x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-18-1959, to ____ and last saw her/him alive on 1-18-59
Death occurred at 2.30 P.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Douglas L. Pearce (Degree or title) M.D.
22b. ADDRESS Princeton, Mo.
22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery
23d. LOCATION (City, town, or county) (State) Princeton, Mo.
24. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Princeton, Mo.
B.E. Agee
25. DATE RECD. BY LOCAL REG. 1-22-59
26. REGISTRAR'S SIGNATURE Earl Moss

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. E. Aybell.....

Licensed Embalmer No. 502

P. O. Address Princeton,..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.