

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006653

STATE FILE NUMBER 22

FILED FEB 25 1959

Registration District No. 278 Primary Registration District No. 0953 Registrar's No. 22

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-57

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana ⁰¹²⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 4 yrs	d. STREET ADDRESS (If outside, give location) R.F. #2
3. NAME OF DECEASED (Type or print) First Middle Last Lafe Calvin			4. DATE OF DEATH Month Day Year Feb 12 1959
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 Sept 16 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		10b. KIND OF BUSINESS OR INDUSTRY Valley Steel	9. AGE (in years last birthday) 52 FUNDER 1 YEAR IF UNDER 24 YRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Pike Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles Calvin		13b. MOTHER'S MAIDEN NAME Annie E. Morgan	
14. NAME OF HUSBAND OR WIFE Mildred Calvin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes World War II	
16. SOCIAL SECURITY NO. 496-94-3071		17. INFORMANT Address Mildred Calvin, Louisiana, 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) Cancer of Brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Convulsion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1930			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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 Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1958 , to Dec. 1958 and last saw ^{her} _{him} alive on Dec 1958 Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. P. Hansen D.O. 2		22b. ADDRESS Frankford Mo.	
22c. DATE SIGNED 2/13/59		23. LOCATION (City, town, or county) (State) Pike Co.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Feb. 15, 1959	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Pike Co.
24. FUNERAL DIRECTOR J. B. Sterne, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Feb 17, 1959	
26. REGISTRAR'S SIGNATURE Germine Collier			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 1959

MAR 20 1959

MAR 16 1959

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 L.B. Sterne

Licensed Embalmer No. 4039
P. O. Address Louisiana

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.