

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012857  
State File No. ....

FILED APR 20 1959

165-116

BIRTH NO. ~~116~~ REG. DIST. NO. ~~3028~~ PRIMARY REG. DIST. NO. 3028 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Washington Mo</i>		c. LENGTH OF STAY (in this place) <i>no week</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>Lyon Township</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Louis</i> b. (Middle) <i>J.</i> c. (Last) <i>Calkins</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 14 1959</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 15 1878</i>	9. AGE (In years last birthday) <i>81</i>	10. UNDER 1 YEAR Months <i>3</i> Days <i>1</i>	11. UNDER 1 HR. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Gerald Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Newton Calkins</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Kuenstler</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Karance Calkins</i> ADDRESS <i>Beaufort Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio sclerosis</i> DUE TO (c) <i>age</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Apr 8*, 1959, to *Apr 14*, 1959, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *6:15* P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>L O Murch</i> (Degree or title)	23b. ADDRESS <i>112 1/2 North Washington Mo</i>	23c. DATE SIGNED <i>4/14/59</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 17 1959</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stedley Memorial Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Gerald Mo.</i>
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DATE REC'D BY LOCAL REG. <i>4/15/59</i>	REGISTRAR'S SIGNATURE <i>J. J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. N. Lemme</i> ADDRESS <i>Beaufort Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 E. H. Lemme Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. H. Lemme

Licensed Embalmer No. 307

P. O. Address Beaufort?

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.