

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1959 042

59-024287

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 768

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RFD#2 Washington township</b>		Length of stay in 1b		c. CITY OR TOWN <b>RFD#2 St. Joseph, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD#2 Waterworks Road</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD#2 Waterworks Road</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Milton</b> Middle <b>Oliver</b> Last <b>Calicott</b>				4. DATE OF DEATH Month <b>July</b> Day <b>24</b> Year <b>1959</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 9 1919</b>		9. AGE (last birthday) <b>40</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Hosp #2 Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Hosp #2</b>		11. BIRTHPLACE (City and state or country) <b>Moberly, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		IF UNDER 1 YEAR Months _____ Days _____	
13a. FATHER'S NAME <b>William T. Calicott</b>			13b. MOTHER'S MAIDEN NAME <b>Mary M. Henry</b>			14. NAME OF HUSBAND OR WIFE <b>Hazel M. Calicott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mr. William Calicott, Moberly, Missouri</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic shock + Hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>at once</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Self-inflicted pistol shot in head</b>							<b>at once</b>		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <b>10:30</b> p.m. Month, Day, Year <b>July 24 59</b>		20d. INJURY OCCURRED WHILE AT WORK <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.) <b>home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Joseph RFD 2, Buchanan MO</b>		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw him <b>from July 24 - 59</b>				Death occurred at <b>10:30 to 11:00 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>S. E. Meloney, M.D. Coroner</b>				22b. ADDRESS <b>214 Kirkpatrick Blvd. Saint Joseph, Mo.</b>			22c. DATE SIGNED <b>July 28 59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 28, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>		23d. LOCATION (City, town, or county) <b>Moberly, Missouri</b>			
24. FUNERAL DIRECTOR <b>Neaton Bauman</b>		25. DATE RECD. BY LOCAL REG. <b>July 30, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>					

DOCUMENT

BY AFFIDAVIT OF S. E. Meloney, M.D. MEDICAL CERTIFICATION

AUG 2 1959

SEP 10 1959

1959

DEC 2

JUN 2 1960

VS DEC 5 1960

VS MAY 17 1960

MAR 23 1960

FEB 8 1960

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. 4535

P. O. Address *H. Joseph*

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.