

REGISTRATION DISTRICT NO. 3 Primary Registration District No. 3074 Registrar's No. 143

DEATH - STANDARD CERTIFICATE OF DEATH

59-031177

FILED VS AUG 20 1959 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 12 YRS.	c. CITY OR TOWN SIKESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 PETTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 307 PETTY ST.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) SAMUEL CALHOUN			4. DATE OF DEATH Month 8 - Day 3 Year 59		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-18-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 1 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARVEST WORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RONOKE, ALA.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME RICHARD CALHOUN		13b. MOTHER'S MAIDEN NAME LAURA ROYSTER		14. NAME OF HUSBAND OR WIFE -	
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. 418-01-6974		17. INFORMANT LAVADA CALHOUN. ALANTA, GA.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH #15 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) chronic Diarrhea		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____		

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.)	20f. CITY, TOWN, OR LOCATION SIKESTON	COUNTY MO.	STATE MO.
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21. I attended the deceased from **First call after death.** to _____ and last saw her/him alive on _____
Death occurred at **10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helma C. Buckhopp, M.D. Health Officer		22b. ADDRESS Benton, Mo		22c. DATE SIGNED 8-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-9-59	23c. NAME OF CEMETERY OR CREMATORY SUNSET	23d. LOCATION (City, town, or county) (State) SIKESTON MO.	
24. FUNERAL DIRECTOR ALVIN DOTSON, SIKESTON, MO.		25. DATE RECD. BY LOCAL REG. 8-13-59	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ernie S. Marshall

Licensed Embalmer No. 4601

P. O. Address Leicester

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.