

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002291

FILED VS FEB 1 0 1960

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 23

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u> Length of stay in 1b <u>4 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Memorial</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY OR TOWN <u>Kaiser</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Washington</u> Last <u>Calkin</u>			4. DATE OF DEATH Month <u>January</u> Day <u>29</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 30, 1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>Montreal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Calkin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie J. Calkin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Nellie J. Calkin Kaiser, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NEURO-CIRCULATORY Collapse</u> DUE TO (b) <u>URÆMIA</u> DUE TO (c) <u>CHRONIC PYELONEPHRITIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>?</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GENERALIZED ARTERIO-SCLEROSIS.</u>					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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u> </u> Month, Day, Year <u> </u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <u>7-18-59</u> to <u>1-28-60</u> and last saw him alive on <u>1-28-60</u> Death occurred at <u>12:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R.B. Kelley M.D.</u>				22b. ADDRESS <u>CAMDENTON, MO.</u>		22c. DATE SIGNED <u>1-29-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Camden County, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Walter P. Hedger</u> <u>Hedger Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1-30-1960</u>		26. REGISTRAR'S SIGNATURE <u>Nellie L. Kelley</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

FEB 20 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 Walter P. [Signature]

Licensed Embalmer No. 4265

P. O. Address Iberia, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.