

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004988

FILED VS FEB 23 1960

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Primary Registration District No. 3002

Registrar's No. 43

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Audrain.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Monroe.</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico, Missouri.</b>		Length of stay in 1b <b>4 Hrs</b>	c. CITY OR TOWN <b>Paris, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Toney's Trailer Court</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DEBORAH</b> Middle <b>F.</b> Last <b>CALHOON.</b>			4. DATE OF DEATH Month <b>February</b> Day <b>14</b> Year <b>1960</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-55</b>
9. AGE (last birthday) <b>4</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child.</b>	11. BIRTHPLACE (City and state or country) <b>Macou Co, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Eugene H. Calhoon.</b>	
13b. MOTHER'S MAIDEN NAME <b>Maeni Calhoon.</b>		14. NAME OF HUSBAND OR WIFE <b>None.</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. <b>None.</b>	17. INFORMANT <b>Eugene Calhoon.</b> Address <b>Paris, Mo.</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>Lobar pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
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 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 <b>4:45</b> Month, Day, Year <b>Feb 14 1960</b> 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 <b>Feb 14 1960</b> to <b>Feb 14 1960</b> and last saw her/him alive on <b>Feb 14 1960</b> Death occurred at <b>4:45</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Charles L Garcia</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Mexico, Missouri.</b>	22c. DATE SIGNED <b>2-15-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-16-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plesant Hill Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Monroe Co, Mo.</b>
24. FUNERAL DIRECTOR <b>Clyde Wilbey</b> Perry, Mo.		25. DATE RECD. BY LOCAL REG. <b>Feb 15-1960</b>	26. REGISTRAR'S SIGNATURE <b>Branche Neely</b>

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 *Alyde Wilby*

Licensed Embalmer No. 3820.

P. O. Address Perry, Mi

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.