

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007752

FILED VS FEB 17 1960

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		c. CITY OR TOWN <u>Gatewood, (Rural).</u>	
Length of stay in lb <u>3 days.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		d. STREET ADDRESS (If outside, give location) <u>18 Mi. West of Doniphan, Mo.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Cora Ethel Calvert.</u>			4. DATE OF DEATH Month Day Year <u>January 26, 1960.</u>		
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5. SEX <u>Female.</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>April 18, 1897.</u>	9. AGE (last birthday) <u>62.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Evans Cunningham.</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Cotham.</u>	14. NAME OF HUSBAND OR WIFE <u>Amos E. Calvert.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT Address <u>Amos E. Calvert, Gatewood, Missouri.</u>
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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>Cowpox Thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hour</u>
DUE TO (b) <u>Surgical Trauma.</u>		<u>2 1/2 hour</u>
DUE TO (c) <u>Fracture of femur.</u>		<u>4 days.</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Leg fractured by hog -</u>
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20c. TIME OF INJURY Hour Month, Day, Year <u>Hour a.m. p.m.</u>	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.) <u>about home.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>18 mi. W. of Doniphan, Ripley, Missouri.</u>
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21. I attended the deceased from <u>Jan 22, 1960.</u> and last saw her <u>Jan 26, 1960</u> alive on <u>1/26/60</u>	
Death occurred at <u>2:30 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>Frank Johnson, M.D.</u>	22b. ADDRESS <u>Doniphan, MO.</u>	22c. DATE SIGNED <u>2/6/60.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Jan. 28, 1960.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tucker Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Ray Meand, Doniphan, Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>2-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>
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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 Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.