

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026382

FILED VS AUG 10 1960

Registration District No. 114 Primary Registration District No. ~~113~~ 4186 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Length of stay in 1b 2 YRS	c. CITY OR TOWN SULLIVAN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 LAKEVIEW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 702 LAKEVIEW
3. NAME OF DECEASED (Type or print) First Middle Last SENORA BELL CALVIN			4. DATE OF DEATH Month Day Year AUGUST 3 1960
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 25 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) 91
11. BIRTHPLACE (City and state or country) KEYSVILLE, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME NOAH KEY		13b. MOTHER'S MAIDEN NAME JANE DUNLAP	14. NAME OF HUSBAND OR WIFE JOSEPH CALVIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT CHARLES CALVIN SULLIVAN, MO.
18. CAUSE OF DEATH (Enter only one cause per line or (1) (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac decompensation			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
DUE TO (b) arteriosclerosis			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
DUE TO (c) 1 year disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis			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 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 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 June 23 1954 and last saw him alive on Aug 2 1960 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dahn J de la Lanza		22b. ADDRESS Sullivan, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 5, 1960	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. CEMETERY	23d. LOCATION (City, town, or county) (State) SULLIVAN MO.
24. FUNERAL DIRECTOR H. M. EATON		25. DATE RECD. BY LOCAL REG. 8/5/60	26. REGISTRAR'S SIGNATURE Hanson Jr. Eaton

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 Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan,

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.