

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027407

FILED VS JUL 25 1960

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Hillsboro TOWN Hillsboro		Length of stay in lb 2 days	c. CITY OR TOWN DeSoto
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Castle Acre N. H.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 506 Edinger
3. NAME OF DECEASED (Type or print) First Middle Last James Farmer Calvert		4. DATE OF DEATH Month Day Year July 15 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-19-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (last birthday) 66
13a. FATHER'S NAME Ward Calvert		13b. MOTHER'S MAIDEN NAME Farmer	12. CITIZEN OF WHAT COUNTRY USA
14. NAME OF HUSBAND OR WIFE Berneice Calvert		17. INFORMANT Berneice Calvert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 488-28-6809	Address DeSoto, Mo.
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>Cerebral hemorrhage</u> DUE TO (b) <u>Gen. arterio-sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>airboas of liver</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 <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.) <u>no</u>	
20c. TIME OF INJURY Hour Month, Day, Year 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>Jan 28, 1953</u> to <u>July 15, 1960</u> last saw him alive on <u>July 14, 1960</u> Death occurred at <u>12:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Norm V. McPherson M.D.</u>		22b. ADDRESS <u>DeSoto, Mo.</u>	22c. DATE SIGNED <u>July 18, 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-18-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	23d. LOCATION (City, town, or county) <u>DeSoto, Mo.</u>
24. FUNERAL DIRECTOR Mahn Funeral Home DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 7-16-60	26. REGISTRAR'S SIGNATURE <u>Oliver Burdick, Dep</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 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 Gerald J. Martin

Licensed Embalmer No. 4975

P. O. Address De Soto, C

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