

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034118

FILED VS. SEP 26 1960 55

Registration District No. 55 Primary Registration District No. 5192 Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rosworth Combs Twp.</i>		Length of stay in lb <i>6 months</i>		c. CITY OR TOWN <i>Rosworth</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>EMMA EVALINE CALVERT</i>				4. DATE OF DEATH Month Day Year <i>September 14 1960</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>March 9-1867</i>	9. AGE (last birthday) <i>93 yrs.</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (City and state or country) <i>Iowa</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Thomas B. M<sup>rs</sup>. Williams</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Sadler</i>			14. NAME OF HUSBAND OR WIFE <i>deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs. Ernest Scott Rosworth Mo. R. 1</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sepsis &amp; Terminal Pneumonia</i> DUE TO (b) <i>Thrombotic Encephalomalacia &amp; Cerebral Hemorrhage</i> DUE TO (c) <i>advanced arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pyelitis</i>						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 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 <i>2-12-57</i> to <i>9-14-60</i> and last saw her <i>alive</i> on <i>8-25-60</i> Death occurred at <i>10:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Norman P. Hansen D.O.</i> (Degree or title)				22b. ADDRESS <i>Hall Mo.</i>		22c. DATE SIGNED <i>9-16-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>9-16-60</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Big Creek</i>		23d. LOCATION (City, town, or county) <i>Rosworth Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Leopard &amp; Edwards Rosworth Mo.</i>			ADDRESS <i>Rosworth Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-16-60</i>	26. REGISTRAR'S SIGNATURE <i>Mr. Herbert Cherex</i>	

(Licensed Embalmer's Statement on Reverse Side)

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 326

P. O. Address Bowling

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