

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1961

=61-002548

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 8

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE					
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 75 YRS		c. CITY OR TOWNSHIP LOUISIANA MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) PIKE Co. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) YANDEVENTER HILL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LULA Middle MAY Last CALHOUN				4. DATE OF DEATH Month JAN Day 10 Year 1961					
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 11-11-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ELDORA ILL		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM H WILLIAMS			13b. MOTHER'S MAIDEN NAME EMMA WHALEY		14. NAME OF HUSBAND OR WIFE JOHN C CALHOUN			DEC	
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 Mrs BETTIE LAFFERTY			Address LOUISIANA 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) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) ---		DUE TO (c) ---				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Arterio-sclerotic Heart dis & Cong Fail					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 --- 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 1958 to present and last saw her live on 1/10/61 Death occurred at 8:55 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John W. Middleton MD (Degree or title)				22b. ADDRESS Louisiana		22c. DATE SIGNED 1/10/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 13-61	23c. NAME OF CEMETERY, OR CREMATORY RIVER VIEW CEM		23d. LOCATION (City, town, or county) LOUISIANA		23e. STATE MO			
24. FUNERAL DIRECTOR GEO M COLLIER, LOUISIANA			ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 13-61		25. REGISTRAR'S SIGNATURE Bernice Collier		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 3839
P. O. Address Louisiana

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.