

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020923  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 621  
 AMENDED FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Green e</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |   | c. CITY OR TOWN <b>Springfield</b>  |  |
| Length of stay in 1b  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>927 N. Grant</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ALICE</b> Middle <b>V.</b> Last <b>CALTON</b>   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>27,</b> Year <b>1961</b>   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>29 Aug. 1881</b>  |
| 9. AGE (last birthday)<br><b>79</b>   |   | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Krauff</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Moore</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |  |
| 17. INFORMANT<br><b>Lela Calton (Daughter)</b>  |   | Address <b>927 N. Grant Springfield, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio - Renal - Vascular Disease</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br><b>Springfield, Missouri</b>  |   | COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from <b>4-8-61</b> to <b>6/27/61</b> and last saw her alive on <b>6-26-61</b><br>Death occurred at <b>10:33</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <i>[Signature]</i> (Degree <i>[None]</i> )   |   | 22b. ADDRESS <b>1715 Boonville Springfield, Missouri</b>  |  |
| 22c. DATE SIGNED <b>6-30-61</b>   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>6-30-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Eastlawn Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC. Springfield, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-30-61</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |

**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 \_\_\_\_\_

Licensed Embalmer No. 4176

P. O. Address Springfield

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.