

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-040385
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 194

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 5 1961

1. PLACE OF DEATH

a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cleveland

Length of stay in lb 2 Days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Morgan

c. CITY OR TOWN Versailles Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) E. Newton St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First Nettie Middle Ann Last Calton

4. DATE OF DEATH Month November Day 16 Year 1961

5. SEX Female 6. COLOR OR RACE Col. 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12-13-82 9. AGE (last birthday) 78

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Randolph Co., Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Andrew W. Mottor 13b. MOTHER'S MAIDEN NAME Mary V. Wolf 14. NAME OF HUSBAND OR WIFE James M. Calton

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 Flossie Finley Fortuna, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH 3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE 10 YRS

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. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK

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 Nov 15 1961 to Nov 16 1961 and last saw her/him alive on Nov 16 1961

Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS HARRISONVILLE Mo 22c. DATE SIGNED 11-25-61

23a. BURIAL, CREMATION REMOVAL (Specify) Burial 23b. DATE 19 Nov. 61 23c. NAME OF CEMETERY OR CREMATORY Rock Dale Cemetery 23d. LOCATION (City, town, or county) (State) Condens County, Mo.

24. FUNERAL DIRECTOR Kidwell Funeral Home Versailles, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Nov 28, 1961 26. REGISTRAR'S SIGNATURE Ray Sebes

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 James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Resident

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.