

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049387

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 45-47 Registrar's No. 31

FILED JAN 7 1962

VS 300  
Rev. 4/59

1 1130  
2 1130  
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4 0  
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7 1  
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9 422.1  
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12 86-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City Mo</u> Length of stay in lb <u>2 years</u>		c. CITY OR TOWN <u>Grant City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maxys Nursing Home</u>		d. STREET ADDRESS <u>Rural</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Calvy</u> Last <u>Hoey</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18-1878</u> 9. AGE (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Ottawa Ill</u> 12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>James Hoey</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Matilda Calvy</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>WC Holtman</u>	17. INFORMANT Address <u>WAMEGO Mo</u>
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>HEART MUSCLE FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INSUFFICIENCY</u>			<u>1 YEAR</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ALCOHOLIC</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.)	
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>1952</u> to <u>DEC 23, 1962</u> and last saw her alive on <u>12-22-1962</u> Death occurred at <u>4:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard L. Smith DO</u>		22b. ADDRESS <u>GRANT CITY, MO</u>	22c. DATE SIGNED <u>12-26-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec 26-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Parnell Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>John Andrews Grant City Mo Jan 5-1963</u>		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>Leta E Dawson</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 John Andrews, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

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.