

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **37**
AGFILED 13 64

Primary Registration District No. **4218**

Registrar's No. **289**

0026689

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 2 months	c. CITY OR TOWN Green Ridge
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Cecil LeRoy CALVERT			4. DATE OF DEATH Month August Day 5 Year 1964
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1907
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 24 Days hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Green Ridge, Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Charles L. Calvert	
13b. MOTHER'S MAIDEN NAME Ella Weeden		14. NAME OF HUSBAND OR WIFE Mrs. Mamie B. Calvert	
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. 486-36-2280	17. INFORMANT Mrs. Mamie B. Calvert Green Ridge 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) Azotemia (generalized) DUE TO (b) Kidney failure DUE TO (c) Sepsis (infectious)			INTERVAL BETWEEN ONSET AND DEATH 24 hours 72 hours 1 1/2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Severely - Osteomyelitis and wound infection compound fracture right femur			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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 9:15 a.m. P.m. Month, Day, Year 6/5/64	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.) 8/5/64	20f. CITY, TOWN, OR LOCATION Windsor, Mo.
21. I attended the deceased from 6/5/64 to 8/5/64 and last saw him alive on 8/5/64 Death occurred at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Bernard Broch. M.D.	
22b. ADDRESS 116 South main Windsor, Mo.		22c. DATE SIGNED 8/7/64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 7, 1964	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Sedalia, Mo.
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 10, 1964	26. REGISTRAR'S SIGNATURE Mildred Bigum

118510

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.