

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35687**

FILED NOV 13 1953

BIRTH NO. _____

REG. DIST. NO. **137**

PRIMARY REG. DIST. NO. **3023**

Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY Henry County, Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 83 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		0422
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.			d. STREET ADDRESS (If rural, give location) 303 N. Second Street		
3. NAME OF DECEASED (Type or Print) a. (First) Flavia		b. (Middle) Ann	c. (Last) Calvird	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 22, 1855	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months YEAR Days IF UNDER 1 MIN. Hours MIN. 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 (State or foreign country) Field Creek Township, Henry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME James Madison Lindsey		13b. MOTHER'S MAIDEN NAME Nancy C. Stone	14. NAME OF HUSBAND OR WIFE Charles A. Calvird		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Charles A. Calvird ADDRESS Clinton, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	ANTECEDENT CAUSES			12 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Arteriosclerosis			unknown	
DUE TO (c) Vascular nephritis	II. OTHER SIGNIFICANT CONDITIONS			3 years	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 6, 1953 , to Nov 6, 1953 , that I last saw the deceased alive on Nov 6, 1953 , and that death occurred at 5:10 PM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) S. B. Hughes M.D.			23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 11/9/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9, 1953	24c. NAME OF CEMETERY OR CREMATORY Englewood Cem	24d. LOCATION (City, town, or county) (State) Clinton, Mo		
DATE REC'D BY LOCAL REG. Nov 9-53	REGISTRAR'S SIGNATURE Florence A. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Consolus	ADDRESS Clinton, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

J. E. Cosadine

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.