

FILED JUN 14 1948

128

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15974

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 311 A

1. PLACE OF DEATH:  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME N. Frank Calton  
 (b) If veteran, name war ✓  
 (c) Social Security No. ✓ 7

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Calton  
 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 21, 1889  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 14  
 If less than one day hr. min.

9. Birthplace Wright County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Tom Calton  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name II  
 15. Birthplace II  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N. F. Calton

(b) Address Conway, Mo. Rt. 1

17. (a) Burial (b) Date thereof 4/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roper cemt.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 6-3-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Laclede  
 (c) City or town Conway Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rt. #1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
 year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from ABOUT JAN. 1, 1948, 1948, to APRIL 11, 1948; that I last saw him alive on APRIL 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

CARCINOMA OF STOMACH Duration 72-3 yrs

Due to

Due to

Other conditions WIA  
(Include pregnancy within 3 months of death)

Major findings: CARCINOMA OF STOMACH

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address Springfield, Mo. Date signed 6/3/48

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

39  
2  
6

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**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.....

R. S. Palmer....., Registered Apprentice No. 84  
working under my personal supervision.

Signed A. R. Palmer.....

Licensed Embalmer No. 2208.....

P. O. Address Lebanon, 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.**