

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24358

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Rural Spencer</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West of Curryville</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles West of Curryville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ezekiel</u> b. (Middle) <u>Calhoun</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 11 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Audrain County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Calhoun</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kinyon</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Ellen Calhoun</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ellen Calhoun Curryville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Endocarditis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 m</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 8, 1949, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. M. Fitzgerald, D.D.S.</u>	23b. ADDRESS <u>Bowling Green, Mo.</u>	23c. DATE SIGNED <u>July 11-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-11-49</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waters Vandalia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 21 1949

District Health Officer No.

District File Number 7-49-12

Date Filed JUL 21 1949

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.