

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40951

45

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette (Richmond)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Rural Richmond</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs</u>		d. STREET ADDRESS R. F. (If rural, give location) <u>R. F. D. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>William</u> c. (Last) <u>Calvert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 14 1917</u>
9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work conducting most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Carrolton, Mo</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Mitchell Calvert</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Adkins</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-16-1135</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mitchell Calvert</u>		ADDRESS <u>Fayette, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Skull</u> <u>Ruptured Liver</u> ANECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Fayette</u> (COUNTY) <u>Howard</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY <u>Dec-6 1949 8 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Tractor Turned over</u>			
22. I hereby certify that I attended the deceased from <u>12-6 1949</u> to <u>12-6 1949</u> , that I last saw the deceased alive on <u>12-6 1949</u> , and that death occurred at <u>8 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. B. Blosser</u> (Degree or title)		23b. ADDRESS <u>M. S. Blosser Fayette Mo</u>	
23c. DATE SIGNED <u>12-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/10/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charlton Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-9-49</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> 436	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

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

RECEIVED DEC 13

District Health Officer No. 3,

District File Number _____

Date Filed 12-21-49

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JAN 17 1950

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.