

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34225

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City	
		d. STREET ADDRESS (If rural, give location) 116 Winter	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Calhoun c. (Last) Calhoun			4. DATE OF DEATH (Month) (Day) (Year) 10 10 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5-13-92		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
					12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Augusta Calhoun		13b. MOTHER'S MAIDEN NAME Eliz a Hagar		14. NAME OF HUSBAND OR WIFE Mary Virginia Calhoun	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 494-10-4747		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson Mt. Vernon, Mo.	
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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) Pulmonary tuberculosis, far adv. abt 7 mo.							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/>	

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)	
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?	

22. I hereby certify that I attended the deceased from 9-18-51, to 10-10, 1951, that I last saw the deceased alive on 10-10, 1951, and that death occurred at 11: a m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 10-10-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Monroe City Mo	
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DATE REC'D BY LOCAL REG. Oct. 11, 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max L. Forett Mt. Vernon, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1550

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 15 1951

Dist. File 10-11-1849
Date Filed 10-12-51

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.