

STANDARD CERTIFICATE OF DEATH

State File No. 12206

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 155

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3388</u>	
c. LENGTH OF STAY (in this place) <u>54 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>2620 Lockridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>			

3. NAME OF DECEASED (Type or Print) <u>ADDIE</u>			a. (First)			b. (Middle)			c. (Last) <u>CALKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1952</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>sep</u>		8. DATE OF BIRTH <u>Jan 9 1870</u>		9. AGE (In years last birthday) <u>82</u>		Months <u>3</u>		Days <u>15</u>		HOURS <u>1</u>		MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>				11. BIRTHPLACE (State or foreign country) <u>Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Benjamin Merrill</u>			13b. MOTHER'S MAIDEN NAME <u>dk</u>			14. NAME OF HUSBAND OR WIFE <u>dk</u>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Merrill Oswee Oswee</u>		ADDRESS <u>Oswee, Oregon</u>	
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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) <u>hypo. pneumonia</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death <u>fracture right hip 4-16-52</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>non-hospital ward - fell</u>		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 <u>137</u>	
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? <u>E9047-21</u>	

22. I hereby certify that I attended the deceased from 4-16; 1952 to 4-24, 1952 that I last saw the deceased alive on 4-24, 1952 and that death occurred at 3 a. m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Miller MD</u>		23b. ADDRESS <u>State Hosp Fulton Mo</u>		23c. DATE SIGNED <u>4-24-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 1-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Chang Wuls</u>		ADDRESS <u>Fulton, Mo.</u>	
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**