

SEP 2 - 1952

STANDARD CERTIFICATE OF DEATH

27795
State File No. 794

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene 0390 5		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene 310	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Campbell Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Campbell Twp.	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 4	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Greene County Farm			

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) A.	c. (Last) CALVIN	4. DATE OF DEATH (Month) (Day) (Year) August 28, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 12 Mar. 1872	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MTH. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock buyer	10b. KIND OF BUSINESS OR INDUSTRY Animal buyer	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Aaron Calvin	13b. MOTHER'S MAIDEN NAME Nancy Keatley	14. NAME OF HUSBAND OR WIFE -----
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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) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME County Hosp. records	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vas Cular Condition		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized		Unknown
	DUE TO (c) Paraplegia		Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	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)	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 **1950**, to **Aug 28, 1952**, that I last saw the deceased alive on **Aug 20, 1952**, and that death occurred at **10:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE James R. Amos M.D.	(Degree or title)	23b. ADDRESS Springfield Missouri	23c. DATE SIGNED 8/30/52
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24. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 29 Aug 1952	24c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery	24d. LOCATION (City, town, or county) (State) Chadwick, Missouri.
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DATE REC'D BY LOCAL REG. 8-30-52	REGISTRAR'S SIGNATURE Ernest Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Reginald C. Thorne, Springfield, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Ralph H. Thomas

Licensed Embalmer No. 3581

P. O. Address Springfield, Missouri

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.