

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30722

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 255

2105  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 1105	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 Clay St.		d. STREET ADDRESS (If rural, give location) 506 Clay St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) D. c. (Last) CALVERT			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov. 29, 1879		9. AGE (In years last birthday) 72 If UNDER 1 YEAR: Months 4, Days 28 If UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri. U		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME W.C. Calvert		13b. MOTHER'S MAIDEN NAME Alice Brushwood		14. NAME OF HUSBAND OR WIFE Mary Ann Shipley	
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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	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John D. Calvert, Columbia, Mo.			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X		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) m.	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 Feb. 1952, to April 27, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 2 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Kay J. Miller M.D.	23b. ADDRESS Gustav Olds, Columbia	23c. DATE SIGNED 9-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
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DATE REC'D BY LOCAL REG. Sept 19, 1952	REGISTRAR'S SIGNATURE Mrs R E Palmer 317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo.		
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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

*Tom McHenry*

Licensed Embalmer No.

*4067*

P. O. Address

*Columbia, Md.*

**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.