

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Serial No. 194  
State File No. 29

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>			c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. 3</u>			<u>1100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Boone County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Huntsdale</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMETT</u>			b. (Middle) <u>M</u>	c. (Last) <u>CALVIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 11, 1863</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Calvin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Baldwin Maxwell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Calvin R.F.D. 3 Huntsdale 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>Bronchial pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease with disimpaction</u>					<u>491X</u>
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)		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 <u>18 Jan 1953</u> , to <u>24 Jan 1953</u> , that I last saw the deceased alive on <u>24 Jan 1953</u> , and that death occurred at <u>6:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leroy J. Wiles M.D. Surgeon</u>					23b. ADDRESS <u>Boone County Columbia</u>		23c. DATE SIGNED <u>26 Jan 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valley Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>310 Parker Funeral Service, Columbia Mo</u>		

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

0105

MAR 25 1953

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 Joseph Hillis  
Licensed Embalmer No. 4897  
P. O. Address Columbia, 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.