

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32995

State File No.

BIRTH NO. 64367453-54 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 299

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 (If in this place) <u>8 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 11 Range Line</u>		d. STREET ADDRESS (If rural, give location) <u>Columbia</u> <u>0105</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Calvin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>November 25, 1894</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lloyd Lavonne Calvin</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lois Brown</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virginia L. Calvin Columbia</u>			
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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) <u>Premature 6 1/2 months</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>cause undetermined.</u> DUE TO (c)			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>776 X</u>	
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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 Nov 3, 1954, to Nov 3, 1954, that I last saw the deceased alive on Nov 2, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Baker</u>	23b. ADDRESS <u>Columbia, Mo.</u>	23c. DATE SIGNED <u>Nov 3</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland 770</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 4 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	31-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Burnett Ashland</u>	
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. L. Burnett

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3564

P. O. Address _____

Ashtland, 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.