

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009098
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 64

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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Cairo <u>08800</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1 | | Length of stay in lb 1yr. 10mo. | d. STREET ADDRESS (If outside, give location) Route #2 Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle EDWARD Last CALHOUN | | | 4. DATE OF DEATH Month 3 Day 19 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6-10-1926 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY unk | 11. BIRTHPLACE (City and state or country) Macon County, Missouri |
| 13a. FATHER'S NAME Fred Calhoun | | 13b. MOTHER'S MAIDEN NAME Rachel Reffitt | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>unk.</u>) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. unk. | 17. INFORMANT State Hospital No. 1; Fulton, Missouri Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN ABSCESS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) OLD GUN SHOT WOUND OF HEAD DUE TO (c) LUNG ABSCESS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LUNG ABSCESS | | | INTERVAL BETWEEN ONSET AND DEATH 962X 43 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY 137 STATE |
| 21. <input checked="" type="checkbox"/> Attended the deceased from State Hosp. #1 6-15-1956 to 3-19-1958 Death occurred at 4:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE ERWIN LEONHARDT (Degree or title) | | 22b. ADDRESS State Hospital #1; Fulton, Mo. | 22c. DATE SIGNED 3-19-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-21-58 | 23c. NAME OF CEMETERY OR CREMATORY Bevier Cem. | 23d. LOCATION (City, town, or county) (State) Bevier Mo |
| 24. FUNERAL DIRECTOR Hutton Funeral Home Mo. ADDRESS Macon | | 25. DATE RECD. BY LOCAL REG. March 22, 1958 | 26. REGISTRAR'S SIGNATURE Martha Lawrence |

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard abbreviations.

APR 22 1958

MAR 27 1958

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 32722
P. O. Address Fuller St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.