

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028088

STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nodaway <u>0740</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR COMMUNITY INSTITUTION Fairfax Hospital		Length of stay in lb 1 day	d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BESSIE Middle IRENE Last CALVERT			4. DATE OF DEATH Month Aug. Day 14 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 8, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Fairfax Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13. FATHER'S NAME Thomas Dixon	14. MOTHER'S MAIDEN NAME Sarah Jane Fox
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Clyde Calvert	Address Nodaway, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) Advanced Arteriosclerotic Heart Disease DUE TO (c) 4200	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Old valued Rheumatoid Arthritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 OREGON, MISSOURI	COUNTY OREGON	STATE MISSOURI
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21. I attended the deceased from July 1, 1957 to August 14, 1958 and last saw her alive on Aug 14, 1958 Death occurred at _____ A. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. F. Sweeney (Degree or title) M. D.	22b. ADDRESS Oregon, Missouri	22c. DATE SIGNED 8/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-17-58	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	23d. LOCATION (City, town, or county) Near Oregon Missouri
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24. FUNERAL DIRECTOR Stamey Funeral Home N.A.S.	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Aug 16, 1958	26. REGISTRAR'S SIGNATURE Harwin H. Schaefer
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MEDICAL CERTIFICATION

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 *Charles E. Bennett*

Licensed Embalmer No. *1467*

P. O. Address *St. Joseph*

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.