Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019016
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4359

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 301 W. Elm. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Donothy Middle N. Last Calvin
4. DATE OF DEATH Month May Day 1 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-21-1931
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home.
11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Goller
13b. MOTHER'S MAIDEN NAME Anna Jaeger
14. NAME OF HUSBAND OR WIFE Ancel Calvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Ancel Calvin, Address Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural Hemorrhage; 2. Skull Fracture,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) suffered in a collision between cars being
DUE TO (c) operated by deceased and truck on Highway
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
NR72 near Frederickstown, Mo., about 4:30 P.M. May 1st, 1959

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ open
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Cause and Manner of same could not be determined.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
Open Verdict 262

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 65 Highway
20f. CITY, TOWN, OR LOCATION Sea above COUNTY STATE

21. I attended the deceased from ....., to ..... and last saw her/him alive on .....
Death occurred at 11:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Deputy Coroner 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 5/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-2-1959
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemet.
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR ADDRESS Dulle, Jefferson City Mo.
25. DATE RECD. BY LOCAL REG. MAY 4 '59
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS MAY 1 8 1959

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. 4375

P. O. Address St. Louis, 23, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.