

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021125

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 50

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fayette Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in lb 2 wks	d. STREET ADDRESS 314 E. Reynolds Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARA BROWN CALVERT			4. DATE OF DEATH Month May Day 31 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Monthly 10 Days	IF UNDER 24 HRS. Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR Own Home	11. BIRTHPLACE (City and state or country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Washington Brown	
13b. MOTHER'S MAIDEN NAME Athelia Brown		14. NAME OF HUSBAND OR WIFE John Calvert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Mrs James O'Dell Address Fayette, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gas Poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) apoplectic DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 6 days 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5501			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from May 23 to May 31 and last saw her/him alive on May 31, 1959 Death occurred at 7 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Luck (Degree or title)		22b. ADDRESS Fayette Mo	22c. DATE SIGNED 6-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/2/59	23c. NAME OF CEMETERY OR CREMATORY Boonesboro Cemetery	23d. LOCATION (City, town, or county) (State) Boonesboro, Mo
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 6-5-59	26. REGISTRAR'S SIGNATURE Mary K. Sheel

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 @ T 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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Donald L Roberts

Licensed Embalmer No.

P. O. Address

*4722
Fayette 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.