URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035664

FILED VS NOV 6 1959

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 93

ENDED

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Altamont — Length of stay in 1b 60 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION --- — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Addie Middle --- Last Calhoun

4. DATE OF DEATH Month October Day 23 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-16-1869
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Markelville Ind.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm. H. Cottrell
13b. MOTHER'S MAIDEN NAME Amanda Clark
14. NAME OF HUSBAND OR WIFE Wm. B. Calhoun (Dec 'd)

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 Address Glenn Calhoun, Altamont, 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) Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH 18 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Mayo Carditis and Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 19, 1951, to Oct. 23, 1959 and last saw her alive on Oct. 20, 1959.
Death occurred at 5 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Fred. K. Wilson MD
22b. ADDRESS WINSTON, MO.
22c. DATE SIGNED 10/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-25-1959
23c. NAME OF CEMETERY OR CREMATORY Winston Cemetery
23d. LOCATION (City, town, or county) (State) Winston Missouri

24. FUNERAL DIRECTOR L. D. Richardson — ADDRESS Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 10-29-1959
26. REGISTRAR'S SIGNATURE Virgie M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. O. Pickerson

Signature of Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.