

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

-60-026419

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boles Township</u>		Length of stay in 1b <u>35 yrs.</u>		c. CITY OR TOWN <u>St. Albans</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 <u>R.F.D. St. Albans</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		
3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>W.</u> Last <u>Calvin</u>				4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>8/7/1925</u>		
9. AGE (last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Miss.</u>		11. BIRTHPLACE (City and state or country) <u>St. Albans, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>William D. Calvin</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine E. Bair</u>			13c. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 2. 498-26-3579</u>		17. INFORMANT <u>Mrs. W.D. Calvin, St. Albans, Mo</u>		Address <u>R.F.D.</u>		
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>MULTIPLE GUNSHOT WOUNDS</u>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>SHOTGUN AND PISTOL - INCLUDING</u>						
		DUE TO (c) <u>WOUNDS OF BRAIN AND HEART - INSTANT.</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>NOT DETERMINED</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SUBJECT SHOT BY ONE TED LINK</u>				
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>7/11/60</u>		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.) <u>TED LINK FARM NEAR ST. ALBANS</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>FRANKLIN MO.</u>		
21. I attended the deceased from _____ to _____ and last saw her live on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W.D. Stumack M.D. Lower Union Mo</u>				22b. ADDRESS		22c. DATE SIGNED <u>7/11/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		23b. DATE <u>7/11/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Zethel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Haradie, Missouri</u>		
24. FUNERAL DIRECTOR <u>Nieburg &amp; Son, Washington, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>July 14 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

