

**FILED JAN 3 8 1946**

Registration District No. **13**

Primary Registration District No. **5061**

Registrar's No. **92**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Barry  
 (b) City or town Rural Pleasant Ridge Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Barry  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Pleasant Ridge Township  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country None

**3. (a) PRINT FULL NAME** Adeline Calton  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 7  
 year 1945 hour 7 minute 30 P. M.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife David Calton  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased February 20 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 1945 to Nov 1 1945  
 that I last saw W alive on 9-20-45  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 101 Months 8 Days 17  
 If less than one day hr. min.

Immediate cause of death The mys Corditis  
 Duration 1 yr

9. Birthplace Calhoun Co Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Retired Housewife

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business None

Major findings:  
 Of operations 930  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 12. Name Louis Binion  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Roberta Adeline Williams  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.W. Branch  
 (b) Address R.R. 1 Verona Mo

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-9-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 02

18. (a) Signature of funeral director Callaway  
 (b) Address Monett Mo.

23. Signature J. D. Baldwin (M. D. or other)  
 Address Purdy Mo Date signed 11-7-45

19. (a) 11-21-45 (b) W. M. West  
(Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 12-45-1111

Date Filed 12-27-45

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

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