

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

XC-3 977 366
Reg. 6376 91-4571
FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23555

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5615**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MACOUPIN			
b. CITY (If outside corporate limits, write RURAL and give town OR 915 N. Grand, St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 144 days		c. CITY OR TOWN Mount Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) 1st North & Church			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J. c. (Last) CALVIN		4. DATE OF DEATH (Month) (Day) (Year) 6-27-55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-14-91	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mount Olive, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Calvin		13b. MOTHER'S MAIDEN NAME Anna Swanard	
14. NAME OF HUSBAND OR WIFE Wilma Calvin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW-1		16. SOCIAL SECURITY NO. 351-28-5944	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA WITH METASTASES INTERVAL BETWEEN ONSET AND DEATH Undetermined *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162x	
22. I hereby certify that I attended the deceased from 2-3-55 , 19__, to 6-27-55 , 19__, that death occurred at 2:25 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. D. Kaminskas</i> (Degree or title) M.D.		23b. ADDRESS VA Hosp. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 6-27-55	
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 6-27-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24d. LOCATION (City, town, or county) Mt. Olive, Ill.		24e. (State)			
DATE REC'D BY LOCAL REG. JUN 28 1955		REGISTRAR'S SIGNATURE <i>Albert H. Hoppe</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

5-27-46

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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.