

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

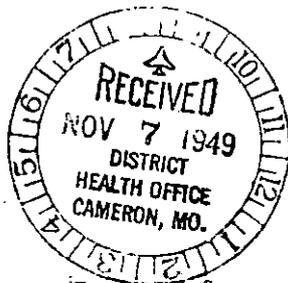
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State File No.

38

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

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4195</u>		Registrar's No. <u>760</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gentry</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1344 East 9th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Calvert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 29, 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Car repairman CB&Q R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stewart Calvert</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Mendenhall</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Calvert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>187-14-5610</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beatrice Langdon, Gentry, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of neck - Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age - with</u> DUE TO (c) <u>Least Contusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>89020</u> <u>21</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gentry Gentry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 10 1949 5^{PM}</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down stairs 38</u>			
22. I hereby certify that I attended the deceased from <u>Feb 10</u> , 19 <u>49</u> , to <u>Feb 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>49</u> , and that death occurred at <u>1 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Williamson MD</u>			23b. ADDRESS <u>Gentry Mo</u>			23c. DATE SIGNED <u>Feb 28 - 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>At. St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 30 - 1949</u>		REGISTRAR'S SIGNATURE <u>Miss Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beviner</u>		ADDRESS <u>St. Joseph, Mo.</u>	



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
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 E. 10th St. St. Joseph, 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.