

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1063

State File No. _____

| | | | | | | | | | |
|---|---|--|---|---|---|--|-----------------------------|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>187</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</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 town) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>40 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | 3518 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Netherlands Hotel</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3835 Main Street</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>Calvert</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1950</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Sept. 21, 1889</u> | | 9. AGE (in years last birthday) <u>60</u> | IF UNDER 1 YEAR Months Days | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk--Post Office</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>Wm. B. Calvert</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elnora Gabbert</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W. W. # 1</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>George Calvert</u> | | ADDRESS <u>145 South Lawn</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, arteria, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity 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. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | | 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? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) | | | | 23b. ADDRESS <u>1034 Rialto Blvd</u> | | 23c. DATE SIGNED <u>1-14-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL <u>Removal</u> | | 24b. DATE <u>1/16/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-14-50</u> | | REGISTRAR'S SIGNATURE <u>Steldine Holmes</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u> | | ADDRESS <u>Kansas City, Mo.</u> | | | |

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

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SFD 181950

SEP 20 1950

Vertical stamp or mark on the right edge of the page.

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 *S J Allen*

Licensed Embalmer No. *148*

P. O. Address *H E no*

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.