

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1487

12877

1487

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>			
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>1400 Garfield</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>				37-0					
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		
a. (First) <b>JANIE</b>			b. (Middle) <b>CALHOUN</b>		c. (Last) <b>CALHOUN</b>		d. (Month) (Day) (Year) <b>MARCH 21 1950</b>		
(Type or Print)									
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>1900</b>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Hours) (Min.) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ROME, GEORGIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN ADRIAN</b>			13b. MOTHER'S MAIDEN NAME <b>SALLIE</b>			14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOHN ADRIAN</b>			ADDRESS <b>1409 Garfield</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>1. DIABETIC ACIDOSIS</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
a. ANTECEDENT CAUSES <b>DUE TO (b) DIABETES MELLITUS</b>				b. <b>DUE TO (c) 2. GANGRENOUS ULCERATIVE PROCTITIS</b>					
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)		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) (Min.)		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 <u>3-21</u> , 19 <u>50</u> to <u>3-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>50</u> , and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>E. Frank Ellis</b>				(Degree or title) <b>MD</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>3-25-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/3 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>			
DATE REC'D BY LOCAL REG. <b>3-31-50</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>HP Moore</b>		ADDRESS <b>1820 E 18th St</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 HB Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18th

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.