

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13560  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 425E Registrar's No. 18

1. PLACE OF DEATH <b>HOME</b> a. COUNTY <b>JOHNSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Knob Noster</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Knob Noster</b> <b>0510</b>	
c. LENGTH OF STAY (in this place) <b>50YRS.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>		b. (Middle) <b>J</b>	
		c. (Last) <b>CALVERT</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 2, 1950</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 12, 1882</b>
9. AGE (in years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>20</b>	IF UNDER 11 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>0</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOE CALVERT</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY OULSLEY</b>	14. NAME OF HUSBAND OR WIFE <b>ZELLA MAE CALVERT</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-10-1280</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Zella Mae Calvert Knob Noster, Mo.</b>	
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) <b>Glomerulonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>593X</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b></b>	
		DUE TO (c) <b></b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>① Diphtheria</b>	
19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Knob Noster Johnson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>	
22. I hereby certify that I attended the deceased from <b>April 1, 1950</b> , to <b>May 2, 1950</b> , that I last saw the deceased alive on <b>May 2, 1950</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. L. Snow, M.D.</b>		23b. ADDRESS <b>Knob Noster, Mo. Hwy 2-5</b>	23c. DATE SIGNED <b>May 2-5</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-4-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knob Noster, Missouri</b>
DATE REC'D BY LOCAL REG. <b>May 4, 1950</b>	REGISTRAR'S SIGNATURE <b>Erma L. Beatty</b>	149	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Raymond Baker Knob Noster, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED  
MAY 10 1950  
JOHNSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed W. Raymond Baker

Signed.....  
Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.