

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16666

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1983
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Hospital		d. STREET ADDRESS (If rural, give location) 3008 Wabash		
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) Ann		c. (Last) Calhoon
4. DATE OF DEATH (Month) (Day) (Year) 4 28 1950				
5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 1880 Nov. 3, 1901	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Russelville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME John Bankley		13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE Calhoon Andrew Jackson (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, C. Lawrence Chandler 5111 Rinker Rd.
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years 10 years 4/16/50
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?
22. I hereby certify that I attended the deceased from April 20, 1950, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 8:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Carl T. Moore (Degree or title) Dr. Carl T. Moore		23b. ADDRESS No. 3 6425 E 37th R.C. 2, Mo.		23c. DATE SIGNED 4-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE May 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) Jackson County		24e. (State) Mo.		
DATE REC'D BY LOCAL REG. 4-30-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BENTLEY MORTUARY 5811 Troost

(Licensed Embalmer's Statement on Reverse Side)

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

W. Carl + Moore
6038 Perco.

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.

Signed.....

Jay F. Buffum

Licensed Embalmer No. 27-506

Signed.....

Student Embalmer

P. O. Address.....

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.