

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27482
Registrar's No. 3794

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3794

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 16, Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 16, NORTH</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4007 Chaumiere</u>			d. STREET ADDRESS (If rural, give location) <u>4007 Chaumiere?</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eleanor</u> b. (Middle) <u>Susan</u> c. (Last) <u>Calvert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Hammer</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Aul</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin D. Calvert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Edwin D. Calvert, 4007 Chaumiere</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchia' Pneumonia</u></p> <p>ANTECEDENT CAUSES. <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Congestive Heart Failure</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____		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>8/15</u> , 19 <u>52</u> , to <u>8/20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/20</u> , 19 <u>52</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. B. Mc Cormick</u>		B. Mc Cormick (Degree or title) <u>MD</u>		23b. ADDRESS <u>2025 Swift No 5 Plaz</u>	
23c. DATE SIGNED <u>8/22/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-20-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-27-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNDRA DIRECTOR'S SIGNATURE AND ADDRESS <u>Rolfe + Mitchell, Platte City, Mo.</u>	

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

FEB 26 1953

300

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 Roland M. Giffey

Licensed Embalmer No. 14725

P. O. Address Platte City, 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.