

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32546**

FILED SEP 30 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4466 Registrar's No. 76

0830

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

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY Carroll</u>		c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>RAY</u> c. (Last) <u>CALVERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 9, 1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROcery</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JESSE M. CALVERT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GUYER</u>	14. NAME OF HUSBAND OR WIFE <u>LENA C. CALVERT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give approximate date of service) <u>WW I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. R. R. CALVERT, PLATTE CITY, Mo.</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, asthenia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>emphysema of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
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)		4201	
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>Aug. 8, 1952</u> , to <u>Sept. 20, 1952</u> , that I last saw the deceased alive on <u>Sept. 18, 1952</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. M. Miller</u> (Degree or title) <u>D. M. Miller M.D.</u>			23b. ADDRESS <u>Platte City, Missouri</u>		23c. DATE SIGNED <u>9/22/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 22, 52</u>	REGISTRAR'S SIGNATURE <u>Alpha Roelms</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collins & Mitchell, Platte City, Mo.</u>			

NOV 6 1952

OCT 16 1952

FEB 8 1953

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. 4725

P. O. Address St. Louis, 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.