

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27485

State File No.

116

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Vernon</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	3608
		d. STREET ADDRESS (If rural, give location) <u>4007 Bales</u>	1

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Richard</u>	b. (Middle) <u>Hensel</u>	c. (Last) <u>Calvert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1953</u>
-------------------------------------	------------------------------	------------------------------	-----------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 3, 1867</u>	9. AGE (In years) (last birthday) <u>86 yrs</u>	10. UNDER 1 YEAR Months _____ Days _____	11. OVER 1 YEAR Hours _____ Mins. _____
-----------------------	----------------------------------	--	---	--	---	--

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 —	11. BIRTHPLACE (State or foreign country) <u>Maysville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
--	--	---	--

13a. FATHER'S NAME <u>Ceburn Calvert</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Dickson</u>	14. NAME OF HUSBAND OR WIFE <u>Irma Calvert</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irma Calvert</u>	ADDRESS <u>4007 Bales Kc 30 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	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) (M.)	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 July 30, 1953 to Aug 2, 1953 that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Pascoe M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>Aug 3-53</u>
--	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Harwood</u>	24d. LOCATION (City, town, or county) (State) <u>H Schell City, Mo.</u>
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-3-53</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	431	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>	ADDRESS <u>Schell City, Mo.</u>
---	---	-----	--	------------------------------------

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

MAY 18 1961

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: *Marion M. Lewis*

Signed.....

Student Embalmer

Licensed Embalmer No. *3084*

P. O. Address *Schell 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.