

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41379
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 5226

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1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY Los Angeles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Los Angeles		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes			Length of stay in lb 2 wks.		d. STREET ADDRESS (If outside, give location) 5735 7th Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John B. Calvert jr.				4. DATE OF DEATH Month Day Year Nov. 30 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Dec. 26, 1913		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technical Engineering	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John B. Calvert				14. MOTHER'S MAIDEN NAME Elsie Flory			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-12-5070		17. INFORMANT John B. Calvert sr. 3901 Paseo K. C. Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Virimia</i> DUE TO (b) <i>Subacute Chloroform phritis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>591X</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Approximately 15 years</i>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City		20g. COUNTY Jackson Mo.	
21. I attended the deceased from <i>July '56</i> to <i>11-30-56</i> and last saw him alive on <i>11-30-56</i> Death occurred at <i>4:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. Leslie Thompson, M.D.</i>				22b. ADDRESS <i>411 Nichols Rd. K.C. Mo.</i>		22c. DATE SIGNED <i>12-1-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/3/56	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah		23d. LOCATION (City, town, or county) Kansas City		23e. (State) Mo.	
24. FUNERAL DIRECTOR Stine & McClure K.C. Mo.				25. DATE RECD. BY LOCAL REG. <i>12-3-56</i>		26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
C. Leslie Thompson can be off 487-12-5070
MEDICAL CERTIFICATION 2-65-57
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

R. Leslie Thompson
4140 W. 71st, Prairie Village
will be in after 2 P.M. Today

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo D. Triplett*

Licensed Embalmer No. *48*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.