

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1224

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 319

health, Welfare public service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
C. G. G. Leitch

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			Length of stay in 1b 15 YEARS		d. STREET ADDRESS (If outside, give location) 700 WEST 44TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle HENDERSON Last CALDER				4. DATE OF DEATH Month JAN. Day 21 Year 1957				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL-15-1896		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 60 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Parts			10b. KIND OF BUSINESS OR INDUSTRY Faeth Company		11. BIRTHPLACE (City and state or country) STATTON ISLAND NEW YORK		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME WILLIAM C. CALDER				14. MOTHER'S MAIDEN NAME CATHERINE RILEY				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I			16. SOCIAL SECURITY NO. 353-10-5446		17. INFORMANT Address Mrs. ELIZABETH C. CALDER 700 WEST 44TH ST. KANSAS CITY 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) Cerebral Anemia							INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 mos.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a. m. _____ p. m. Month _____ Day _____ Year _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 _____		COUNTY _____		STATE _____		
21. I attended the deceased from 1/16/57 to 1/21/57 and last saw her alive on 1/21/57 Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated								
22a. SIGNATURE C. G. G. Leitch (Degree or title) MO				22b. ADDRESS 1010 Pry 12th St. KA Mo		22c. DATE SIGNED 1/21/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JAN-22-1957		23c. NAME OF CEMETERY OR CREMATORY NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.			25. DATE RECD. BY LOCAL REG. 1-22-57		26. REGISTRAR'S SIGNATURE new minshall			

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.....
Signature of Student Embalmer

Signed.....
Richard L. Rogers

Licensed Embalmer No. *49*

P. O. Address: *500*

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.