

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13161

State File No. ....

FILED APR 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1458

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Emery R. Calovich

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>BALDWIN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 1/2 months</b>		e. STREET ADDRESS (If rural, give location) <b>Unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lindeman Nursing Home</b>		f. <b>\$150</b> <b>8</b>	
3. NAME OF DECEASED a. (First) <b>Mabel</b> (Type or Print)		b. (Middle) <b>Edna</b>	
c. (Last) <b>Hartley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>July 7, 1879</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Salem, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Thomas Hartley</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ella Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Loren Keve,</b>		ADDRESS <b>5440 Rosewood, Mission</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>Terminal</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>Several years</b> DUE TO (c) <b>Hypertensive Cardiovascular Disease</b> <b>Several years</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hematuria, Nausea, Vomiting</b> <b>2-3 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>42° C</b>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) (Min.)		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 <b>12-20, 1956, to 3-29, 1957</b> , that I last saw the deceased alive on <b>3-2</b> , 1957 and that death occurred at <b>6:15 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Emery R. Calovich M.D.</b>		23b. ADDRESS <b>4620 Nichols Pky</b>	
23c. DATE SIGNED <b>3-29-57</b>		24. LOCATION (City, town, or county) (State) <b>Shawnee, Kansas</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Mar. 30, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Johnson Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Overland Park, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>3-29-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Paul Amos</b>		ADDRESS <b>10901 Johnson Dr. Shawnee, Kansas</b>	



**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 *E. J. Amos*

Licensed Embalmer No. 4385

P. O. Address *Shawnee, Ks*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**