

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021056  
State File No. 2570

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1007</u>		Registrar's No. <u>2570</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 E 55th Terrace</u>				e. STREET ADDRESS (If rural, give location) <u>15 E 55th Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Flanders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1957</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>Aug 22, 1888</u>	
9. AGE (In years last birth) <u>68</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wash. Corp. 240</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>Policeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wash. Corp. 240</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wash. Corp. 240</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. B. Flanders</u>		13b. MOTHER'S MAIDEN NAME <u>Emma</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Flanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-14-6078</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Flanders K. C. 240</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Grained arteries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17 yrs</u> <u>15 yrs</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		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>May 29, 1957</u> to <u>May 29, 1957</u> , that I last saw the deceased alive on <u>May 28, 1957</u> , and that death occurred at <u>6:55 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph D. Schneider Sr</u>				23b. ADDRESS <u>3838 Pennsylvania City K. C. 240</u>		23c. DATE SIGNED <u>May 29-57</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>May 31, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hilla Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-1-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson L. Kirby Judge 240</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Joseph D. Schneider D.

KP  
2

**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 *Wilton L. Taylor*

Licensed Embalmer No. *4225*

P. O. Address *Indep 2*

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.