

FILED SEP 16 1957

HEALTH, WELFARE PUBLIC SERVICE  
STANDARD CERTIFICATE OF DEATH

31751  
STATE FILE NUMBER  
3858

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 3858

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4312 A E. 16th.</b>			Length of stay in lb <b>25 Yrs.</b>	d. STREET (If outside, give location) ADDRESS <b>4312 A. E. 16th.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>L.</b> Last <b>Calhoun</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>15,</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 11, 1891</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nite Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union National Bank</b>		11. BIRTHPLACE (City and state or country) <b>K. C. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Caleb Calhoun</b>				14. MOTHER'S MAIDEN NAME <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>495-61-3273</b>		17. INFORMANT Address <b>Charles Atkeson Pontiac Mich.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bullet Wound Head</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2976X</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						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.) <b>Self Inflicted</b>				
20c. TIME OF INJURY Hour <b>11:35</b> Month <b>8</b> Day <b>15</b> Year <b>57</b> a. m. <b>p. m.</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY <b>MO</b> STATE <b>MO</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>				22b. ADDRESS <b>1034 Park Blvd</b>		22c. DATE SIGNED <b>8-16-57</b>	
23a. BURIAL OR CREMATION REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>8/17/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jerseyville, Ill.</b>		23d. LOCATION (City, town, county) <b>Jerseyville, Ill.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Earp &amp; Sons Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-17-57</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300  
1-56  
All 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 will be listed. All diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Hugh H. Owens



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 *John B. [Signature]*

Licensed Embalmer No. *29*

P. O. Address *R.C. [Signature]*

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.