

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

STATE FILE NUMBER
6281 - 59-046722

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Carroll
Length of stay in 1b 13 days		c. CITY OR TOWN Carrollton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS 201 W. 1	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Herbert	Middle	Last Calvert	4. DATE OF DEATH	Month 12	Day 30	Year 59
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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 Sept. 14, 1906	9. AGE (last birthday) 53	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Paint Business	11. BIRTHPLACE (City and state or country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Isaac N. Calvert	13b. MOTHER'S MAIDEN NAME Nancy Finley	14. NAME OF HUSBAND OR WIFE Ann M. Calvert
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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. 496-16-4499	17. INFORMANT Ann M. Calvert, Carrollton, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 month
IMMEDIATE CAUSE (a) Brain tumor (Cystic astrocytoma)		
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 (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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	COUNTY	STATE
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21. I attended the deceased from 12/1/59 **to** _____ **and last saw him alive on** 12/30/59
Death occurred at 9:30 **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <i>Walter Harvey Jacobs, M.D.</i>	22b. ADDRESS <i>751 - C. 634th Kansas City, Mo.</i>	22c. DATE SIGNED <i>12/30/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-30-59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town or county) (State) Carrollton, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-31-59	26. REGISTRAR'S SIGNATURE <i>Neva Mansell</i>
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DOCUMENT

BY AFFIDAVIT OF **Walter Harvey Jacobs, M.D.**

EX-103-100-100-100

MS JAN 10 1960

VS JAN 25 1960

JUL 5 1960

JAN 25 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Eugene L Kennan

Licensed Embalmer No. 4673

P. O. Address K.C. MO.

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.