

FILED VS MAR 3 1960

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 885 STATE FILE NUMBER

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) <b>Kansas City</b>		Length of stay in lb <b>Unknown</b>		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>Menorah Medical Center</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>200 W. 9TH</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Edith</b> Middle <b>Colver</b> Last <b>Colver</b>				4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1960</b>					
5. SEX <b>Female</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>8-15-11</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Puritan Hotel</b>		11. BIRTHPLACE (City and state or country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Dr. A. J. Walker</b>			13b. MOTHER'S MAIDEN NAME <b>Addie McClay</b>			14. NAME OF HUSBAND OR WIFE <b>Don Colver</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>496-26-4867</b>		17. INFORMANT Address <b>Madge McClay Neill Memphis, Tenn.</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>Tetany (Hypocalcemia)</b> <span style="float:right">INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b></span> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>surgical absence of thyroid and 10 parathyroid glands</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary hyperemia</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
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.)							
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <b>333</b>		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 <b>333</b>		COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>1954</b> to <b>2/12/60</b> and last saw her alive on <b>2/12/60</b> Death occurred at <b>4:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Walter P. Jacob M.D.</b> (Degree or title)				22b. ADDRESS <b>701 E 63</b>		22c. DATE SIGNED <b>2/12/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>2/13/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b></b>		23d. LOCATION (City, town, or county) (State) <b>OSAWATOMIE, KANSAS</b>				
24. FUNERAL DIRECTOR <b>STINE &amp; McCLURE</b> ADDRESS <b>K.C. MO</b>			25. DATE RECD. BY LOCAL REG. <b>2-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Walter P. Jacob

**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 H. ...*

Licensed Embalmer No. 463

P. O. Address Kansas City

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.