

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1195

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>7</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>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>27 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> 0				d. STREET ADDRESS (If rural, give location) <u>Rt. F. D. 37 12</u> 1					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aileen</u>			b. (Middle)		c. (Last) <u>Calnen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 6, 1899</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u> 1		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James Calnen Richmond, Mo.</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>James Calnen</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>none</u>	
				* ANTECEDENT CAUSES * Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420-1</u>					
19a. DATE OF OPERATION <u>12-9-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>degenerated lumbosacral disc</u>				20. AUTOPSY? 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) m.		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>12-7</u> , 19 <u>48</u> , to <u>1-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-3-49</u> , 19 <u>   </u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold V. Zuber</u> (Degree or title) <u>Harold V. Zuber M.D.</u>				23b. ADDRESS <u>600 Prof. Bldg.</u>		23c. DATE SIGNED <u>1-3-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>Sheldene Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile</u>		ADDRESS <u>Richmond, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48  
3  
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FEB 10 1958

**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.

etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>myocardial infarction</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>12-9-48</i>		19b. MAJOR FINDINGS OF OPERATION <i>Degenerated lumbar vertebrae</i>		20. AUTOPSY? 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) m.		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 <i>12-7</i> , 19 <i>48</i> , to <i>1-3</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>1-3</i> , 19 <i>49</i> , and that death occurred at <i>4:45 P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Harold V. Zuber</i>		23b. ADDRESS <i>600 Prof. Bldg</i>		23c. DATE SIGNED <i>1-3-48</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1/5/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunnyvale</i>	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>1-3-49</i>		REGISTRAR'S SIGNATURE <i>Steraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank F. Holmes</i>	
				ADDRESS <i>Richmond, Mo.</i>	

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 .....  
Student Embalmer

Signed *Louis Quest* \_\_\_\_\_

Licensed Embalmer No. *4096* \_\_\_\_\_

P. O. Address *Richmond, Va.* \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.

*11/10/49*