

S. No. 300
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5369

State File No.

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 93

0485

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

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 OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence 1485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>LeRoy</u>	c. (Last) <u>Colvin Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29/52</u>
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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>July 4, 1924</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Apprentice Carman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>	11. BIRTH PLACE (State or foreign country) <u>Salem, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James L. Calvin</u>	13b. MOTHER'S MAIDEN NAME <u>Oveta Colley</u>	14. NAME OF HUSBAND OR WIFE <u>Jean Calvin</u>
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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) <u>yes W.W. 2</u>	16. SOCIAL SECURITY NO. <u>488-22-2871</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jean Colvin</u>	ADDRESS <u>Independence Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebellum hemorrhage,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Left, Spontaneous</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS OR TREATMENTS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: <u>331X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Weller</u>	(Degree or title) <u>MO</u>	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>2/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>3-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wath. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Heavenworth Kans.</u>
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DATE REC'D BY LOCAL REG. <u>3-2-52</u>	REGISTRAR'S SIGNATURE <u>James Craig</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Coland Roper</u>	ADDRESS <u>Independence</u>
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(Licensed Embalmers' Statement on Reverse Side)

MAR 20 1952

MAY 13 1952

NOV 16 1953

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 *Roland B. Spinks*
Licensed Embalmer No. *3604*

P. O. Address *Indlept*

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.