

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8300

State File No.

1033

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANSA'S CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANSA'S CITY</u>	
c. LENGTH OF STAY (in this place) <u>11-20-52</u>		d. STREET ADDRESS (If rural, give location) <u>1124 W. 41 TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			

3. NAME OF DECEASED a. (First) <u>PAULINE</u> b. (Middle) <u>CALVIRO</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED - 3</u>	
8. DATE OF BIRTH <u>AUG. 22, 1888</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HENRY MO. O</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN HENNY SR.</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINA RUDOLPH</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK L. CALVIRO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Jennings, Hansas City</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4431</u>
ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSIVE MYOCARDITIS</u>		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 _____, 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>Russell W. Kerr</u> (Degree of title) <u>PATHOLOGIST</u>		23b. ADDRESS <u>St. Joseph Hospital K.C. Mo.</u>		23c. DATE SIGNED <u>3-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>					

DATE REC'D BY LOCAL REG. <u>3-5-52</u>		REGISTRAR'S SIGNATURE <u>M. A. Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. A. ...</u> ADDRESS <u>Clinton, Mo</u>	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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APR 23 1951

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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

N. L. Tarrant

Signed.....

Student Embalmer

Licensed Embalmer No. *3779*

P. O. Address: *Clinton, 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 this body is not embalmed, fact should be so stated above.