

S. No. 300
V. 10.48

SEP 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31528
State File No. 4061

| | | | | | | | | | |
|---|------------------------------|---|---|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>MISSOURI</u> | | | | b. COUNTY <u>JACKSON</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>50 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | d. STREET ADDRESS (If rural, give location) <u>5346 HARRISON</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5346 HARRISON</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5346 HARRISON</u> | | | | <u>3743</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> | | | b. (Middle) | | c. (Last) <u>CALVIN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-52</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | | 8. DATE OF BIRTH <u>Aug. 19, 1872</u> | | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>LAW</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>WALTER G. CALVIN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY S. LEEK</u> | | 14. NAME OF HUSBAND OR WIFE <u>MABEL CALVIN</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>MARION G. CALVIN - SHELBYNA, MISSOURI.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</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) _____ | | | | | | <u>17th.</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u> | | | | | | <u>but</u> | |
| 19a. DATE OF OPERATION <u>July 1949</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</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) | | 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>1949</u> to <u>15 Sept, 1952</u> , that I last saw the deceased alive on <u>13 Sept, 1952</u> and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>H. E. Carlson MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Professional Bldg</u> | | | 23c. DATE SIGNED <u>15 Sept 1952</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9/17/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>9-15-52</u> | | REGISTRAR'S SIGNATURE <u>Eveline Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & MC CLURE IND. CO. K.C., MO.</u> | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

Mr. Callahan
Prof. Blodgett
U.C. 3/10/17

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 *Empire Kemmer*
Licensed Embalmer No. 4633
P. O. Address *D C M*

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.