

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34484

State File No. \_\_\_\_\_

02410

FILED NOV 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Kansas City, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North J.C. Bowling Alley</u>				d. STREET ADDRESS (If rural, give location) <u>4007 Chaumiere Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Edwin</u>		a. (First) <u>D.</u>		b. (Middle) <u>Calvert</u>		c. (Last) _____	
4. DATE OF DEATH <u>Nov 9-52</u>		(Month) _____		(Day) _____		(Year) _____	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 30, 1887</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY Book Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG CO.</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Calvert</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Day</u>		14. NAME OF HUSBAND OR WIFE <u>ELEANOR JUSAN CALVERT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>486-05-7321</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ted M. Calvert</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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>Dr. Raymond Croner</u> (Degree or title) _____				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>11/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-9-52</u>		REGISTRAR'S SIGNATURE <u>Bouleh Kitchen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins Mitchell</u>		ADDRESS <u>PLATTE CITY</u>	

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

MO-

REC'D  
FEB 9 8 1952  
7-11-52

**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.....  
Student Embalmer

Signed Glen T. Hill

Licensed Embalmer No 4586

P. O. Address Coondah, 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.