

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24680

State File No.

FILED AUG 13 1953

3688

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

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Care</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pleasant Hill</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. South</u> <u>0190</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
(First) <u>JOHN</u>	(Middle) <u>MALCOLM</u>	(Last) <u>CALVIN</u>	(Month) <u>7</u>	(Day) <u>26</u>	(Year) <u>53</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>11-19-1882</u>		9. AGE (In years last birthday) <u>70</u>		10. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Independence, Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John Calvin</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bevine</u>			14. NAME OF HUSBAND OR WIFE <u>—</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>Robert Calvin Pleasant Hill, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>HYPERTENSIVE Cardiovascular Disease</u>				<u>1 yr.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Intracapillary Glomerulosclerosis</u>				<u>1 yr</u>	
DUE TO (c) <u>Diabetes Mellitus</u>						<u>20 yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Gout</u>				<u>20 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR	
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"/>					
22. I hereby certify that I attended the deceased from <u>July 4, 1953</u> , to <u>July 26, 1953</u> , that I last saw the deceased alive on <u>July 26, 1953</u> , and that death occurred at <u>2:40 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. McDonnell, M.D.</u>				23b. ADDRESS <u>1515 Nichols Road, Kansas City, Mo.</u>		23c. DATE SIGNED <u>July 26, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-27-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Bevine Pleasant Hill, Mo</u>			

JUN 15 1956

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 *Allen Brumfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Cleveland Ohio*.....

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.