

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4662**
Registrar's No. **389**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 YEARS		e. STREET ADDRESS (If in institution, give location) 1300 1/2 MORE STREET KANSAS CITY CLUB	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY CLUB			

3. NAME OF DECEASED (Type or Print)	a. (First) CHESTER	b. (Middle) C	c. (Last) CALL	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 28, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 27, 1876	9. AGE (In years last birthday) Months Days Hours Min. 79
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENT	10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY LIFE INS.	11. BIRTHPLACE (City and State or Foreign Country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME AMDELL CALL	13b. MOTHER'S MAIDEN NAME NANCY HENDERSON	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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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) NO	16. SOCIAL SECURITY NO. 488-36-0902	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES LANGSTON - KANSAS CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease years		
	DUE TO (c) Arterio-sclerosis years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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) (Min.)	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 **1-7**, 19**53**, to **1-28**, 19**56**, that I last saw the deceased alive on **1-27**, 19**56**, and that death occurred at **2** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. M. Parker M.D.	23b. ADDRESS 306 E 12	23c. DATE SIGNED 1-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN 28, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Algona, IOWA
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DATE REC'D BY LOCAL REG. 1-28-56	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stone & Co. Funeral Home Inc. K.C. Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DECEMBER 15, 1908
Before 3 Am.

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.....
Signature of Student Embalmer

Signed *J. Crowell*.....

Licensed Embalmer No. *490*.....

P. O. Address *H. C. No.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.