Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017638

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2330

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA General Hosp. — Length of stay in Ib: 53yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8005 Brooklyn — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MICHAEL Middle: N. Last: CALCARA

4. DATE OF DEATH Month, Day, Year: May 9, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Jan 14, 1904

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver Clerk

10b. KIND OF BUSINESS OR INDUSTRY: K. C. P. & L. Co

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jasper Calcara

13b. MOTHER'S MAIDEN NAME: Ann Lambardo

14. NAME OF HUSBAND OR WIFE: Corrinne Calcara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1924 - 1927

16. SOCIAL SECURITY NO.: 486-10-7394

17. INFORMANT: Michael L. Calcara Address: Bethel, Ks. 8405 Cleveland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner

22b. ADDRESS: 103 Realty Bldg

22c. DATE SIGNED: 5-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-12-59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar 1800 Linwood

25. DATE RECD. BY LOCAL REG.: 5-11-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed E. C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 437

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.