

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-001481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 237

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
M. B. Casbolt
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 28 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	a. STATE MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	b. COUNTY JACKSON
Length of stay in lb 35 yrs	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (if NOT in hospital, give location) 2743 Bales	d. STREET ADDRESS (if outside, give location) 2743 Bales
3. NAME OF DECEASED	
First MAGGIE	Middle CALVIN
4. DATE OF DEATH 1-13-63	
5. SEX Female	6. COLOR OR RACE Negro
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1877
9. AGE (last birthday) 85 yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and state or country) Booneville, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Taylor	13b. MOTHER'S MAIDEN NAME Bell Buckner
14. NAME OF HUSBAND OR WIFE John Calvin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.	17. INFORMANT Mable V. Jones 2743 Bales Niece
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Myocardial infarction	6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	5 yrs
Hypertension	
DUE TO (c)	10 yrs
Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
None	
PART III. If deceased was female was there a pregnancy in last 90 days.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
no	no
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION
	Booneville, Missouri
21. I attended the deceased from Sept 11 1962 to 1-13-63 and last saw her alive on 1-18-63	
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) M. B. Casbolt MD	22b. ADDRESS 4000 Baltimore
22c. DATE SIGNED 1/14/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-17-63
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Booneville, Missouri
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME	25. DATE RECD. BY LOCAL REG. 1-14-63
ADDRESS 18th & Benton	26. REGISTRAR'S SIGNATURE Ruth Long

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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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1001 Barton

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.