

FILED FEB 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1512

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write (street number or location))
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 4 days

3. (a) PRINT FULL NAME William Caldwell

3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb 12 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>19</u>	hr. _____ min.

9. Birthplace Sullivan Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name R. A. Caldwell

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah M. Mody

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant H. R. Caldwell

(b) Address Frenton - Mo

17. (a) Burial (b) Date thereof 6-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shatto

18. (a) Signature of funeral director Spencer L. Freeman

(b) Address Milam 774

19. (a) Jan. 10-41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Milam
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 28 1940 to May 31 1940.
that I last saw him alive on May 31 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia - Bilateral Pyonephrosis

Due to Cystitis & pyelitis

Due to Ch. nephritis

Other conditions: 12/8
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. M. Clure (M. D. or other) DO

Address Kirksville

Duration 2 wks
Uremia
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1303

RECEIVED

District Health Officer No. 10

District File Number 2-41-368

Date Filed FEB. 19. 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Russell C. Legger

Licensed Embalmer No. 3792

P. O. Address Milan, 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, above space should be left blank.