

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12323  
Registrar's No. 37

FILED APR 12 1944

Registration District No. 337

Primary Registration District No. 4499

102  
2  
0  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 82 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby <sup>102</sup>

(c) City or town Rural <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ <sup>2</sup>

3. (a) PRINT FULL NAME John C. Cadwell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, <u>Divorced widower</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Oct 31 1861</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Shelby Co Mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Noah H. Cadwell

13. Birthplace Illinois <sup>1</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Francis Hinton

15. Birthplace Pike Co Mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Letha A. Cadwell

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 3-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina MO

18. (a) Signature of funeral director E. Hayes

(b) Address Shelbina Mo

19. (a) March 9-44 (b) Madge Goach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1944 hour 12 noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 24  
1944 to March 1 1944  
that I last saw him alive on March 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia <sup>4 da</sup>

Due to Influenza <sup>1 week</sup>

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. L. Simpson (M. D. or other) 2 <sup>Do</sup>

Address Shelbina Mo Date signed March 9 1944

1095

RECEIVED

District Health Officer No. 10

District File Number 4-44-787

Date Filed APR 11 1944

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Hayer* .....

Licensed Embalmer No. 1437

P. O. Address..... *Shelbina 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, fact should be so stated above.