

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

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

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Victor Otto Caltrane

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race Female

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Lacie Caltrane

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. 20, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 24
If less than one day hr. min.

9. Birthplace Cave Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business

12. Name Thomas Caltrane

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

14. Maiden name Lacie Stankley

15. Birthplace Cave Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. O. Caltrane

(b) Address 943 N. Jefferson, Springfield, Mo.

17. (a) Burial (b) Date thereof 1-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director _____
(b) Address Springfield, Mo.

19. (a) 1-16-45 (b) W. W. Landry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 943 N. Jefferson 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1945 hour _____ minute 2:15 P. M.

21. I hereby certify that I attended the deceased from July 1938 to Jan 13 1945
that I last saw him alive on Jan 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. myocarditis
(acute dilatation of heart)

Due to: Severe bleeding in bladder
requiring jubic cystotomy
was done 1-18-45
bleeding from bladder

Other findings: _____
(Include pregnancy, within 3 months of death)

Duration

PHYSICIAN

Major findings: Bleeding from bladder with infection

Of autopsy 930

Underline the cause to which death should be charged statistically.

ADDITIONAL INFORMATION

22. If death was due to external cause, state following:
(a) Accident, suicide, or homicide? REQUESTED
(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. H. Hill (M, D or other) _____
Address Springfield, Mo. Date signed 1-16-45

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

MOTHER, FATHER

Dear Dr. Stewart:

In 1938, I did a transurethral resection on Mr. Victor O. Coltrane. He made an uneventful recovery, got along nicely until November 1944, at which time he began passing some blood in the urine.

Cystoscopy was done at St. Johns Hospital where it was found that the bleeding was coming from the bladder neck and trigone. There was no apparent obstruction, so the patient was treated medically and returned to his home. He continued to have a small amount of blood in the urine, but was improving.

On January 8, 1945, I was called to his home because of the fact that he could not void. I found that he had a bladder full of clots which I was unable to remove through the catheter, so I advised a suprapubic cystotomy which was done the same afternoon. A large amount of blood was removed from the bladder and immediately after the patient returned to his room blood transfusion was given. He seemed to get along very nicely without any apparent distress. The urine was clearing up through continous drainage from the suprapubic wound.

On January 13, he complained of some pain in the chest, he had some difficulty in breathing, heart sounds were distant, pulse was feeble. By heart stimulant he seemed to improve, but approximately 2:15 P.M. pulse became very weak, patient became cyanotic and died immediately.

There was no injury whatsoever connected with this case. I do not understand why additional information was required. I hope this answers your inquiry. If not, I can give you a more detailed history if you think it necessary. It was just a case of an old man dying a cardiac death.

Yours sincerely,

W. B. Sewell M.D.
W. B. Sewell, M.D.

(The above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Victor O. Caltrane

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

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

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

7. Birth date of deceased Dec 20 1906
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

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

MOTHER FATHER

JAN 20 1978

S-2128