

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34019

Registration District No. 279

Primary Registration District No. 3016

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Missouri State Penitentiary Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months
(Specify whether years, months or days)

In this community 5 yrs. 11 mo. 25 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Denver 26

(c) City or town Denver 5
(If outside city or town limits, write "RURAL")

(d) Street No. 150 Hazel Court 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hurley Caldwell

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

4. Sex Male 5. Color or race W

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

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

7. Birth date of deceased January 20 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 8 25 hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER

12. Name James Caldwell

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

14. Maiden name Unknown

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

16. (a) Informant M. Prison Hosp. Records

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof Oct 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springer, New Mexico
Thorpe-Gordon

18. (a) Signature of funeral director Thorpe-Gordon

(b) Address Jefferson City, Mo.

19. (a) 10-17-47 (b) R. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1947 hour 6:05 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 13th, 1947
19 _____ to October 13, 1947

that I last saw him alive on October 12th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration _____

Due to Ruptured appendix

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 121

Of operations _____

Of autopsy Generalized peritonitis

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 John E. Gibson M.D. (M. D. or other) _____
Address Mo State Prison Date signed 10-13-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-24-47

NOV 4 1954

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 *Joseph J. Gordon*
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City 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.