

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Barnhan 36838

FILED NOV 15 1947

State File No. \_\_\_\_\_

Registration District No. 355

Primary Registration District No. 6202

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Texas County  
(b) City or town Summersville, Mo. Carroll  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO  
(Specify whether)  
In this community 16 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107  
(c) City or town Summersville, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. rural  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lula S. Caldwell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife H.V. Caldwell 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 15th 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Josh Landcaster  
13. Birthplace Not Known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Jose Williams  
15. Birthplace Not Known 11  
(City, town, or county) (State or foreign country)

16. (a) Informant H.V. Caldwell  
(b) Address Summersville, MO

17. (a) Burial (b) Date thereof Oct 19 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Cem.

18. (a) Signature of funeral director Joe R. Moore  
(b) Address Mountain View, MO

19. (a) Oct 31-1947 (b) Mrs C E Murphy  
(Date received local registrar) (Registrar's signature) 355

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th  
year 1947 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 16, 1947, to Oct 16, 1947.  
that I last saw him alive on Oct 16, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration \_\_\_\_\_

Due to Carcinoma of Liver

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy H/F

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 2

23. Signature Stearly Barnhan D.D. (M. D. or other DD)  
Address Mountain View Date signed 10-20-47

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

RECEIVED

District Health Registrar No. 5,

District File Number 1147648

Date Filed 11-13-47

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Joe R. Luman*.....

Licensed Embalmer No. 4325.....

P. O. Address *Metairie, La.*.....

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.