

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1949

12114

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5465 Registrar's No. 385

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (North Campbell Township)</u> c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Rt #4 Box 227 (Township)</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greene County Hospital</u> d. STREET ADDRESS (If rural, give location) <u>Rt #4 Box 227</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Eilabelle</u> c. (Last) <u>Caldwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1927</u>	9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR Months Days IF UNDER 1 MOS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Crain, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>Green Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Belle M. Combs</u> <small>(Indicate name of HUSBAND OR WIFE)</small> <u>Elmo Mont Caldwell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>YES</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eero Mont Caldwell</u> ADDRESS <u>Rt #4 Box 227</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, uterine</u>		<u>2 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placenta previa</u> DUE TO (c) <u>Pregnancy</u>		<u>3rd wks</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>The fetus was dead in utero</u>		<u>7 1/2 mo.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 28, 1949 to April 28, 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James G. Brown, M.D.</u>	23b. ADDRESS <u>937 E. Lombard</u>	23c. DATE SIGNED <u>April 28, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Greene MO,</u>
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DATE REC'D BY LOCAL REG. <u>5-2-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klugman & Co</u> ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Max Rhodes

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.