

FILED JUL 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23783

Registrar's No. 203

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5368		REGISTRAR'S NO. 203		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Kansas City Rural		c. LENGTH OF STAY (In this place) 40		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Rural - Blue Twp.				
d. FULL NAME OF HOSPITAL OR INSTITUTION OLD HWY # 40 Blue Ridge				d. STREET ADDRESS (If rural, give location) Old 40 Highway & Blue Ridge Rd				
3. NAME OF DECEASED (Type or Print) Lee Forrest Caldwell			4. DATE OF DEATH (Month) (Day) (Year) July 9 1949					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27, 1876		
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY?								
13a. FATHER'S NAME Christopher Caldwell			13b. MOTHER'S MAIDEN NAME Sara Byler			14. NAME OF HUSBAND OR WIFE Katherine Caldwell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-05-3009		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Jno. Caldwell 11600 Old Hiway 40				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure (decompensation) ANTECEDENT CAUSES (b) Hypertensive Heart Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 48 hrs 1 yr 442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 15, 1948, to July 9, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. Hunter M.D.			23b. ADDRESS 1408 Waldheim Bldg, K.C., Mo.			23c. DATE SIGNED 7/10/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. July 11-1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE UND. CO. Kansas City, Mo.				

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

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RECEIVED JUL 13 RECD

Jackson County Health Dept.,

County File Number _____

Date Filed _____

102100 Stankman

FEB 14 1957

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.

Student _____
Student Embalmer

Signed May E Meyer

Licensed Embalmer No. 4555

P. O. Address K. C. 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.