

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 948
Registrar's No. 33

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Jefferson</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u>		b. (Middle) _____ c. (Last) <u>Caldwell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1950</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 4, 1890</u>
9. AGE (In years last birthday) <u>90 or more</u>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>At home</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Phenius Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Morehead, Marysville, Calif.</u>		ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extreme age</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>9 days</u> <u>480x</u>			
19a. DATE OF OPERATION <u>None</u>		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) _____		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 <u>Jan 12, 1950</u> , to <u>Jan 23, 1950</u> , that I last saw the deceased alive on <u>Jan 23, 1950</u> , and that death occurred at <u>10:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. A. Blackmore M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>	
23c. DATE SIGNED <u>1-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan-26-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>		ADDRESS <u>Windsor, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

421
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RECEIVED
District Health Officer No. 71
District File Number 12-49-200
Date Filed 1-30-50

DEC 18 1958

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, by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Chickasaw, 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.