

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4676
556

FILED MAR 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>21 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS <u>2425 Montgall</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2425 Montgall</u>						<u>3379</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur Benjamin Caldwell</u>			b. (Middle)			c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1951</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 4, 1908</u>		9. AGE (In years last birthday) <u>42</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Instructor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Muskogee, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Arthur Caldwell</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Norman</u>			14. NAME OF HUSBAND OR WIFE <u>Frances Caldwell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-4804</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Caldwell</u>					ADDRESS <u>2425 Montgall</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular disease</u>						<u>11 Wks</u>		
		DUE TO (c) <u>cause undetermined</u>						<u>334</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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)		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>March 21, 1950</u> , to <u>Feb 3, 1951</u> , that I last saw the deceased alive on <u>Feb 3, 1951</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Wm. E. Goodson Jr. MD</u>				23b. ADDRESS <u>730 Prof 159 Kansas City, Mo</u>				23c. DATE SIGNED <u>2/5/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Muskogee, Oklahoma</u>				
DATE REC'D BY LOCAL REG. <u>2-6-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 1729 Lydia</u>					

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

*Dr. Gordon
Professional
Body*

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

[Handwritten Signature]

Licensed Embalmer No. 3994

P. O. Address 2502 Highland

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.