

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22209**

FILED AUG 9 1951  
RN-439  
# 6684913

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b> <b>0164</b>	
c. LENGTH OF STAY (in this place) <b>48 Days</b>		d. STREET ADDRESS (If rural, give location) <b>318 NORTH MIDDLE STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NOAHH</b>	b. (Middle) <b>C.</b>	c. (Last) <b>CALER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 2, 1951</b>
-------------------------------------	-------------------------	-----------------------	------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>2/7/07</b>	9. AGE (In years last birthday) <b>44</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MEAT INSPECTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MEAT BUSINESS</b>	11. BIRTHPLACE (State or foreign country) <b>COMMERCE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>NOAH CALER</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET MC COLLUM</b>	14. NAME OF HUSBAND OR WIFE
--------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>YES 6/12/42 11/12/45</b>	16. SOCIAL SECURITY NO. <b>490055075</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CIRRHOSIS OF THE LIVER</b>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) _____		
		DUE TO (c) _____		
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 **NA** attended the deceased from **MAY 5**, 19**51**, to **AUGUST 2**, 19**51**, and that death occurred at **4:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF MO</b>	23c. DATE SIGNED <b>8/2/51</b>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU, MISSOURI</b>
---	-----------	---	---

DATE REC'D BY LOCAL REG. <b>8-2-1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sherr Cross Fitch</b> ADDRESS <b>Poplar Bluff Mo</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

124

RECEIVED

AUG 8 1957

BUTLER CO. HEALTH CENTER

FILE No. 851-253

---

---

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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.