

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29639**

FILED OCT 10 1951 BIRTH NO. REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **278**

0143

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton	c. LENGTH OF STAY (in this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) Shelby, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp #1		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) V c. (Last) CADWELL			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH dk		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME dk	13b. MOTHER'S MAIDEN NAME dk	14. NAME OF HUSBAND OR WIFE ELLA CADWELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk	16. SOCIAL SECURITY NO. dk	17. INFORMANT'S SIGNATURE OR NAME Norman Sulton ADDRESS Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypo pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 334X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. carb. arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **9-21, 1951**, to **9-30, 1951**, that I last saw the deceased alive on **9-30, 1951**, and that death occurred at **7:35 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J A Hunter M.D.	23b. ADDRESS State Hosp #1, Fulton, Mo.	23c. DATE SIGNED 9-30-51
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE Oct 4 1951	24c. NAME OF CEMETERY OR CREMATORY Shelbina	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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DATE REC'D BY LOCAL REG. Oct 6 1951	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Ken Y. Mappin ADDRESS Fulton, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

OCT 17 1951

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

Walter J. Haines, Jr.

Licensed Embalmer No. _____

4557

P. O. Address _____

Fulton 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.