

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

569

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cedar Twp		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cedar Twp	
		d. STREET ADDRESS (If rural, give location) 1 Mi N. Of Filley Mo.	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle) NATHANIEL	c. (Last) CALDWELL	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1952
---	------------	-----------------------	--------------------	--

5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1862	9. AGE (In years less birthday) 89	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min)	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min)
----------------------	------------------------	--	--------------------------------	------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret	10b. KIND OF BUSINESS OR INDUSTRY Farming I	11. BIRTHPLACE (State or foreign country) Howell County Mo <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	----------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Mary E. Smith	14. NAME OF HUSBAND OR WIFE
----------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Caldwell; Filley Mo.
--	------------------------------	---

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) Myocarditis Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown 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
--	---	--	----------------------------------

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> None	21f. HOW DID INJURY OCCUR None
--	---	--------------------------------

22. I hereby certify that I attended the deceased from 12-9, 1951, to 1-1, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. Richardson</u> (Degree or title)	23b. ADDRESS <u>Filley Mo</u>	23c. DATE SIGNED <u>1-8-52</u>
---	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>1-4-52</u>	24c. NAME OF CEMETERY <u>Hazel Dell</u>	24d. LOCATION (City, town, or county) (State) Cedar County Mo
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. JAN. 16, 1952	REGISTRAR'S SIGNATURE <u>W. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Cantlow, Stockton, Mo</u>
--	--	---

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

2200

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

Richard W. Bandall Student Embalmer No. 4005

working under my personal supervision.

Student Richard W. Bandall  
Student Embalmer

Signed John A. Cantton  
Licensed Embalmer No. 4387

P. O. Address Stockton, M

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.