

No. 300
10-48

MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4325

State File No.

BIRTH NO. _____ REG. DIST. NO. 071 PRIMARY REG. DIST. NO. 3011 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (If in place) <u>3mo. 20 da.</u>		<u>0251</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>613 W. Prairie</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Virgil</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Caldwell</u>	<u>March 2, 1952</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 12, 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>	11. BIRTHPLACE (State or foreign country) <u>Cameron, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Caldwell</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Willis</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>Yes, Not rem.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Phlebitis migrans</u>		<u>Unknown</u>

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from Nov. 11, 1951 to March 2, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>3-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/6/52</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Foster</u>	ADDRESS <u>Poland, Cameron, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

2420

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SEP 29 1954

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 Robert F Polow

Signed.....
Student Embalmer.....

Licensed Embalmer No. 4777

P. O. Address 222 W 3rd St

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.