

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7163

State File No.

FILED APR 15 1952

BIRTH NO. 19568 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 9000 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution--residence before death) a. STATE <u>MO</u> b. COUNTY <u>Southwestern</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>MILAN - RURAL - BOWMAN</u>	
c. LENGTH OF STAY (in this place) <u>18 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u> b. (Middle) c. (Last) <u>Caldwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>April 10, 1952</u>		9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Harold Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Avalee Ford</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN H CALDWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN H CALDWELL MILAN MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs, 15 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease (Newborn)</u>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Conducting bundle defect and auricular fibrillation, terminal</u>			
ANTECEDENT CAUSES		DUE TO (c) <u>ventricular fibrillation,</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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) (Min)		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 Apr 10, 1952, to Apr 11, 1952, that I last saw the deceased alive on Apr 11, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>Apr 11, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 12 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shallow</u>	
24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo</u>		DATE REC'D BY LOCAL REG. <u>4-11-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>24 E. Main St. Mo</u>			

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

No. 300
10.48
013
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STATEMENT BY LICENSED EMBALMER

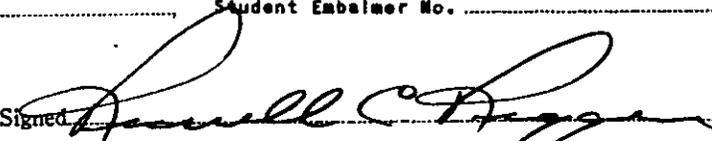
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3792

P. O. Address Milan, 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.