

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20975

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 2032 Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (in this place) 85 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		D. 512
d. FULL NAME OF HOSPITAL OR INSTITUTION 626 W. Gay			d. STREET ADDRESS (If rural, give location) 626 W. Gay		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Malinda	c. (Last) Caldwell	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 10, 1859	9. AGE (in years last birthday) 92	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ben Jaco		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry Harrison Caldwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alta Collins Warrensburg, 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) <u>Carcinoma Bladder.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis;</u> DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>1817</u>				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 I attended the deceased from <u>1-</u> , 19 <u>50</u> , to <u>6-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>52</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Lee Cooper, M.D.</u>			23b. ADDRESS <u>Warrensburg</u>		23c. DATE SIGNED <u>6-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>6-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 10, 1952</u>	REGISTRAR'S SIGNATURE <u>Savannah Anttila</u>	147-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Branninger Warrensburg, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUN 16 1952  
JOHNSON COUNTY HEALTH DEPT

**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.....  
Student Embalmer

Signed W. M. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.