S. No. 300
v. 10.48

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

FILED NOV 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34220

BIRTH NO. _____ REG. DIST. NO: 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1110

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 13 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkway Nursing Home 1006 Dewey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah, Mo. 64420
d. STREET ADDRESS (If rural, give location): 618 W. Market St.

3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): F.
c. (Last): Caldwell

4. DATE OF DEATH (Month) (Day) (Year): 11 - 3 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 23, 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Denest
10b. KIND OF BUSINESS OR INDUSTRY: Denestry
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John R. Caldwell
13b. MOTHER'S MAIDEN NAME: Elizabeth Earley
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Arthur Kelly — ADDRESS: Savannah, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident — 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 (b): Arteriosclerosis, generalized — years
DUE TO (c): ___

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Recent hepatitis with cirrhosis — 2 mos.

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☐

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) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* April, 1952, *to* Oct 9, 1952, *that I last saw the deceased alive on* 9 Oct, 1952, *and that death occurred at* 1:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Willis G. McDonald (Degree or title): M.D.
23b. ADDRESS: 301 N. 8th St., City
23c. DATE SIGNED: 4 Nov. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-5-52
24c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
24d. LOCATION (City, town, or county) (State): Savannah Missouri

DATE REC'D BY LOCAL REG.: Nov 5, 1952
REGISTRAR'S SIGNATURE: Earl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm A Rich Savannah, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Wm A Rich

Signed _____
Student Embalmer

Licensed Embalmer No. 4778

P. O. Address Savannah, 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.