

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7287**
REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **85**

FILED MAR 3 - 1953

BIRTH NO. **124**

1. PLACE OF DEATH
a. COUNTY **St. Francois**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) **Farmington Rural St. Francois** c. LENGTH OF STAY (in this place) **1Y; 11M; 15DAS.**

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** d. STREET ADDRESS (If rural, give location) **5556 Natural Bridge**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri State Hospital No. 4**

3. NAME OF DECEASED (Type or Print)
a. (First) **NOLIA** b. (Middle) **E.** c. (Last) **CALDWELL**

4. DATE OF DEATH (Month) (Day) (Year)
February 19, 1953

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Feb. 22, 1900** 9. AGE (In years last birthday) **52** If UNDER 1 YEAR: Months **11** Days **27** If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Pickett** 13b. MOTHER'S MAIDEN NAME **Lena Dearberry** 14. NAME OF HUSBAND OR WIFE **Whorter Young 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 **Records, State Hospital No. 4, Farmington, Mo.** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **Abt. 48 hrs.**

ANTECEDENT CAUSES

Coronary Sclerosis DUE TO (b) **Abt. 2 yrs.**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Psychosis with syphilitic meningo-encephalitis (general Paresis), and fracture of left hip. Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION **1-21-53** 19b. MAJOR FINDINGS OF OPERATION (Hip Nailing Procedure) **E 9037** 20. AUTOPSY? **44** YES NO

Traumatic Fracture - neck left femur.

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Ward of Hospital** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Farmington St. Francois 094 Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **1-9-53** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Patient slipped in bathroom on the ward.**

22. I hereby certify that I attended the deceased from **July 1, 1952**, to **Feb. 19, 1953**, that I last saw the deceased alive on **Feb. 19, 1953** and that death occurred at **10:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John P. Brennan M.D.** 23b. ADDRESS **State Hospital No. 4, Farmington, Mo.** 23c. DATE SIGNED **2-20-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb. 23, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Oakland Cemetery** 24d. LOCATION (City, town, or county) (State) **Little Rock, Arkansas**

DATE REC'D BY LOCAL REG. **Feb 20, 1953** REGISTRAR'S SIGNATURE **Esther Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE **Miller Funeral Home, Farmington, Mo.** ADDRESS

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

0940

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 Paul K. Deegal

Licensed Embalmer No. 4120

P. O. Address Farmington, Va.

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.