

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8754

State File No. \_\_\_\_\_

FILED MAR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BORANCE TWP. LIFETIME</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BORANCE TWP.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR SCOPUS</u>			d. STREET ADDRESS (If rural, give location) <u>NEAR SCOPUS 0090</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>CALDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-3-1911</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR <u>7</u> # UNDER 6 mos. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOSEPH W. CALDWELL</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA CONRAD</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN MAE CALDWELL</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HELEN MAE CALDWELL</u> ADDRESS <u>Scopus, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1957</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lymphadenoma</u> DUE TO (c) <u>Leukemia</u>		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2044</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 15, 1957, to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Sawyer M.D.</u> (Degree or title)	23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>3/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-24-53</u>	24c. NAME OF CEMETERY OR GREMATORY <u>MARBLE HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MARBLE HILL Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 24-53</u>	REGISTRAR'S SIGNATURE <u>Willie Vanterburg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Sample

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 A. J. Baker

Licensed Embalmer No. 3523

P. O. Address Interville

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.