

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 3621

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY OR TOWN <u>Rural Polk Twp</u> | | c. CITY OR TOWN <u>Rural Polk Twp</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1050</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherwood</u> b. (Middle) <u>Daryl</u> c. (Last) <u>Caldwell</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-53</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>4-21-1920</u> | | 9. AGE (In years last birthday) <u>33</u> | | 10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>11</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Sullivan Co - Mo</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Kyle Caldwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Roberts</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Jane Richardson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u> | | 16. SOCIAL SECURITY NO. <u>W.W.U</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna McCaughey</u> ADDRESS <u>Milan, Mo</u> | |

| | | | | | | | |
|---|--|---|--|--|--|----------------------------------|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage</u> | | DUPLICATE OF (b) <u>crushing of R chest</u> | | | | <u>5 min.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUPLICATE OF (c) <u>R. arm caught in hay</u> | | <u>Baler</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"/> | |
| | | | | <u>9/2 3 105</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>a. cond. farm.</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Milan, Polk Co., Sullivan, Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-2-53 3-00 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Hand caught in Hay Baler.</u> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE <u>E. Simpson</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>100 Coronet, Milan, Mo</u> | | 23c. DATE SIGNED <u>7-6-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-4-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>July 7-1953</u> | | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schloer's</u> ADDRESS <u>Milan Mo</u> | |
|---|--|--|--|---|--|

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

256

JUL 29 1953

6-9391 P. L. 710P

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 Dwight Schoen

Licensed Embalmer No. 2667

P. O. Address Nolan 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.