

**STANDARD CERTIFICATE OF DEATH**

31310

State File No. 15

FILED OCT 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camerson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camerson</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Johnson Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camerson Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Robert</u> c. (Last) <u>Caldwell Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27 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>Dec 18 81</u>		9. AGE (In years last birthday) <u>71</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road mntn. (Retired)</u>			

13a. FATHER'S NAME <u>John Robert Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Hoff</u>		14. NAME OF HUSBAND OR WIFE <u>Engelmann Caldwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-05-7639</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Engelmann Caldwell, Camerson</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carinoma Lung left</u>		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
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 <u>163X</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) m:		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 April, 1952 to 9-27, 1953, that I last saw the deceased alive on 9-26, 1953, and that death occurred at 7:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Keiner M.D.</u>		23b. ADDRESS <u>Camerson</u>		23c. DATE SIGNED <u>9-28 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 30 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Israeland</u>	
		24d. LOCATION (City, town, or county) (State) <u>Camerson Mo</u>			

DATE REC'D BY LOCAL REG. <u>9-30-53</u>		REGISTRAR'S SIGNATURE <u>Winnifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JUN 14 1954

OCT 16 1953

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 Robert F. Poland

Licensed Embalmer No. 9777  
22 West St. J

P. O. Address Lawrence, 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.