S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1954

State File No. 45149

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thayer
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Oregon 0750 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thayer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MAUDE
b. (Middle) ISABELLE
c. (Last) CALDWELL

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1953

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH May 22, 1888
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 7 Days 1 — 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) Thayer, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John H. Simers
13b. MOTHER'S MAIDEN NAME Nancy Palmer
14. NAME OF HUSBAND OR WIFE Jason W. Caddwell, dec.

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. Dave Webber — ADDRESS Thayer, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Dec 22 19[illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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 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* Dec 12, 1953, *to* Dec 13, 1954, *that I last saw the deceased alive on* Dec 13, 1954, *and that death occurred at* 5:48 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W Cooper MD
23b. ADDRESS Thayer Mo
23c. DATE SIGNED 1-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/27/53
24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery
24d. LOCATION (City, town, or county) (State) Thayer, Missouri

DATE REC'D BY LOCAL REG. 1-12-54
REGISTRAR'S SIGNATURE Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE Leland Carter — ADDRESS Thayer 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.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4516

P. O. Address Thayer 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.