

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5166

State File No.

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 572 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>	c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2312 East 9th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>—</u> c. (Last) <u>Caldwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-12-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>Investigation of C Hoop</u>	ADDRESS <u>Hoop</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>10 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Arterio-sclerosis</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>
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 Jan 19, 1953 to Jan 29, 1954, that I last saw the deceased alive on Jan 28, 1954 and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Langford</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Worthen County Hosp.</u>	23c. DATE SIGNED <u>1-29-54</u>
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24a. PLACE OF BURIAL (City, town, or county) (State) <u>Worthen County, Mo.</u>	24b. DATE <u>2-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan.</u>
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DATE REC'D BY LOCAL REG. <u>2-2-1954</u>	REGISTRAR'S SIGNATURE <u>W. B. Langford</u>	4835	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. C. Weeber</u>	ADDRESS <u>L.C. 8. No.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

R. E. Weiser

Licensed Embalmer No. _____

4075

P. O. Address _____

R. E. Weiser

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.