

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17761**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6278** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUSH Creek Twp		c. CITY OR TOWN Brush Creek Twp HARTVILLE	
c. LENGTH OF STAY (in this place) 50 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home BRUSH Township		e. STREET ADDRESS (If rural, give location) 1140	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) JACKSON c. (Last) Caldwell			4. DATE OF DEATH (Month) (Day) (Year) MAY 16 1954		
5. SEX M. 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3-9-1904	9. AGE (In years last birthday) 50	10. MONTHS 2 DAYS 7 HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER-FARMER		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) WRIGHT, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Caldwell	13b. MOTHER'S MAIDEN NAME Budy Caldwell	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Judge TRANT ADDRESS Hartsville

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Sepsis		
	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	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE No. Doctor Available (Degree or title) E. B. Garner, Lead Registrar		23b. ADDRESS Hartsville, Mo.	23c. DATE SIGNED 6-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-18-54	24c. NAME OF CEMETERY OR CREMATORY Hoyne	24d. LOCATION (City, town, or county) (State) HARTVILLE WRIGHT MO
DATE REC'D BY LOCAL REG. 6-1-54	REGISTRAR'S SIGNATURE E. B. Garner 3465	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS John Simpson	

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

No. 300
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County File Number
Date Filed JUN 5 1954

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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.....
Signature of Student Embalmer

Signed... *R. Barber*

Licensed Embalmer No. *384*

P. O. Address *W. L. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.