

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31421

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		d. STREET ADDRESS (If rural, give location) <u>WAHL HOTEL</u>	
d. FULL NAME OF (If not in hospital or institution, give street address if location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>CALDWELL</u>		c. (Last) <u>KEMMERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 20, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 24, 1874</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. W. CALDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE SIMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>EUGENE KEMMERS</u> DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank W. Caldwell, Neb., Ill</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>25 hrs.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>9/19</u> , 19 <u>54</u> , to <u>9/20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/19</u> , 19 <u>54</u> , and that death occurred at <u>5:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Maddleton M.D.</u>				23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>9/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1956 8 23

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 *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, N*

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.