No. 300
10.48

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2012

State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rolla
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Phelps County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba
d. STREET ADDRESS (If rural, give location) 0280

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) ANNA
c. (Last) Caldwell

4. DATE OF DEATH (Month) Jan. (Day) 9 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 24, 1901
9. AGE (In years last birthday) 53 — If under 1 year: Months 6, Days 15 — 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 Home
11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Beaver
13b. MOTHER'S MAIDEN NAME Lulu Sedler
14. NAME OF HUSBAND ~~OR WIFE~~ Max H. Caldwell
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. ?
17. INFORMANT'S SIGNATURE OR NAME Max Caldwell — **ADDRESS** Cuba, 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) Pulmonary Edema and Pleural Effusion — Interval between onset and death: 2 days
Laryngeal Stenosis — 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Mammary Carcinoma — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 170 X
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* 9-20, 1953, *to* 1-9, 1955, *that I last saw the deceased alive on* 1-9, 1955, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard T. Waldin **(Degree or title)** M.D.
23b. ADDRESS Bourbon, Missouri
23c. DATE SIGNED 1-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE JAN 13-55
24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery
24d. LOCATION (City, town, or county) Cuba **(State)** Mo

DATE REC'D BY LOCAL REG. Jan. 11, 1955
REGISTRAR'S SIGNATURE Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoener **ADDRESS** Cuba, Mo

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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____

Date Filed 11-17-55

NOV 1 1955

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Norman C. Joerner

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.