

FILED FEB 28 1955.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4241**

BIRTH NO. _____		REG. DIST. NO. <b>73</b>		PRIMARY REG. DIST. NO. <b>3014</b>		Registrar's No. <b>14</b>			
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>		c. LENGTH OF STAY (in the place) <b>minutes</b>		c. CITY OR TOWN <b>Winston</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fire Station</b>				f. STREET ADDRESS (If rural, give location) <b>0310</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>Warren</b>		c. (Last) <b>Caldwell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1955</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>June 27, 1951</b>		9. AGE (in years last birthday) <b>3</b> 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) <b>child</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Winston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Virgil Caldwell</b>			13b. MOTHER'S MAIDEN NAME <b>Ethel Van Dyke</b>			14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virgil Caldwell, Winston, Mo.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHIAL PNEUMONIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>UNDER NOURISHED</b>						INTERVAL BETWEEN ONSET AND DEATH <b>few days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>						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 <b>D. S. Pate M.D. Coroner</b> (Degree or title)				23b. ADDRESS <b>North Kansas City, Mo.</b>			23c. DATE SIGNED <b>2/23/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-25-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Winston Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Winston, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Feb. 25, 1955</b>		REGISTRAR'S SIGNATURE <b>Mabel Stra. Law</b> <b>491</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lyda - Paragon Funeral Home Liberty, Mo.</b>					

(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.....  
Signature of Student Embalmer

Signed *Charles J. Tyler*.....

Licensed Embalmer No. *4535*

P. O. Address *Liberty*.....

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.