

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7592

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4132 Registrar's No. 21

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Holt</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Holt</u> | |
| c. LENGTH OF STAY (In this place) <u>years</u> | | d. STREET ADDRESS (If rural, give location) <u>6000</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) s. (First) <u>Thomas</u> b. (Middle) <u>Green</u> c. (Last) <u>Caldor</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1955</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>April 5, 1881</u> | | 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>gen. farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Casey Co. Ky.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Thomas Caldor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Holt</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Willie C. Anderson</u> | | 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>Quincy Calder</u> | | ADDRESS <u>Holt, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>emo</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> | | 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. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151 X</u> | | | | 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 Oct 1954 to Mar 19 1955, that I last saw the deceased alive on Mar 17 1955, and that death occurred at 2 m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Wm. W. Hudson M.D.</u> | | 23b. ADDRESS <u>Liberty, Mo.</u> | | 23c. DATE SIGNED <u>3/19/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>March 21 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Rearney Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u> | | ADDRESS <u>Rearney, Mo.</u> | |

DATE REC'D BY LOCAL REG. March 23, 1955 REGISTRAR'S SIGNATURE Nabel Graham

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(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1934

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 _____

Leonard Gray

Licensed Embalmer No. *4677*

P. O. Address *Kearney Mo*

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.