

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19924**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5088**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY LINCOLN			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 10 hrs		c. CITY OR TOWN RFD #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.		STREET ADDRESS (If rural, give location) Selx, Mo. 0.5101			

3. NAME OF DECEASED (Type or Print) LAWRENCE W. CALDWELL		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 13 '55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 1.4.79		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Mo		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Andrew Caldwell		13b. MOTHER'S MAIDEN NAME Elizabeth ?		14. NAME OF HUSBAND OR WIFE SUSIE ? CALDWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME AT 2. ADDRESS MRS SUSIE CALDWELL. SILEY, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis, gen.	
		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 checked="" 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? 331X	

22. I hereby certify that I attended the deceased from **6-12-1955** to **6-13-1955**, that I last saw the deceased alive on **6-13-1955**, and that death occurred at **8:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jordan M. Nunnally, M.D.		23b. ADDRESS St. Lukes Hosp.		23c. DATE SIGNED 6-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/15/55		24c. NAME OF CEMETERY OR CREMATORY MT LEBANON CEM	
		24d. LOCATION (City, town, or county) (State) ST LOUIS MO.			

DATE REC'D BY LOCAL REG. JUN 13 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MEMBER FUNERAL HOME TROY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph D. Moore
Licensed Embalmer No. 393

P. O. Address.....
Froy, Va

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.