

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25898

State File No.

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 120

0.300
0.48
402

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY OR TOWN Trenton	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 24 yrs		e. STREET ADDRESS (If rural, give location) 437 W. Crowder Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Wright Memorial Hosp.			
3. NAME OF DECEASED a. (First) James b. (Middle) Seaborn c. (Last) Caldwell			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 13, 1870
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Claim Adjuster	11. BIRTHPLACE (City and State or Foreign Country) Cabarras Co. N. Carolina
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Railroading	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John H. Caldwell		13b. MOTHER'S MAIDEN NAME Sarah Parks	14. NAME OF HUSBAND OR WIFE Iola 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. NO	17. INFORMANT'S SIGNATURE OR NAME Tod Caldwell ADDRESS Trenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Infection followed by Bronchial Pneumonia 8 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 492X DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Arthritis several yrs ago 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 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)		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>Aug 8, 1955</u> to <u>Aug 15, 1955</u> , that I last saw the deceased alive on <u>Aug 14, 1955</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE E.A. Duffy MD (Signed or title)		23b. ADDRESS Trenton Mo	23c. DATE SIGNED Aug 15 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 17, 55	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
DATE REC'D BY LOCAL REG. 8-17-55	REGISTRAR'S SIGNATURE Hene Jaw	25. FUNERAL DIRECTOR'S SIGNATURE Gipson Funeral Home ADDRESS Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1958

AUG 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.....
Signature of Student Embalmer

Signed *Leo S. Whitaker*

Licensed Embalmer No. *478*

P. O. Address *Trenton*

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.