

FILED DEC 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36436

BIRTH NO. REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 5419 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Freeborn Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Freeborn Twp</u> | |
| c. LENGTH OF STAY (in this place) <u>6 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Clarkton, Rte. 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Rte. 1</u> | | | |

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|-------------------------------------|-------------------------|-----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LEWIS</u> | b. (Middle) <u>--</u> | c. (Last) <u>CALDWELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 8, 1955</u> |
|-------------------------------------|-------------------------|-----------------------|---------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 15, 1857</u> | 9. AGE (In years last birthday) <u>98</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u> | IF UNDER 12 HRS. Hours <u></u> Mins. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Old age assistance</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Marshall county, Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Caldwell</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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| 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>Clemons Caldwell, Clarkton, Mo. R.1</u> | ADDRESS |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial insufficiency</u> | | |
| | DUE TO (c) <u>4222</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan 32, 1952, to July, 1955, that I last saw the deceased alive on July, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

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| 22a. SIGNATURE <u>W. Hop Rinn, M.D.</u> | (Degree or title) | 22b. ADDRESS <u>Gillem, Mo.</u> | 22c. DATE SIGNED <u>9-19-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 11, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gillem Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. R.1</u> |
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| DATE REC'D BY LOCAL REG. <u>9-20-55</u> | REGISTRAR'S SIGNATURE <u>Marquerite George</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u> | ADDRESS |
|--|---|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-5-53

COUNTY FILE NUMBER 1255-3

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.....

Christina M. Landess

Signed.....
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.