

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9018

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1304

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Shawnee

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 1 Month
c. CITY OR TOWN Topeka d. Is Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital
e. STREET ADDRESS (If rural, give location) 1333 Fillmore \$ 15 \$

3. NAME OF DECEASED a. (First) ROBERT b. (Middle) CHARLES c. (Last) CALDWELL
4. DATE OF DEATH (Month) (Day) (Year) March 24, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 20, 1871 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting
10b. KIND OF BUSINESS OR INDUSTRY State Treasurer
11. BIRTHPLACE (City and State or Foreign Country) Ottumwa, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Henry Caldwell 13b. MOTHER'S MAIDEN NAME Carlie Adella Cobleigh 14. NAME OF HUSBAND OR WIFE Mrs. Eleanor Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 510-20-9316 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. F. Caldwell, 1243 Western, Topeka, Ks.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: MEDICAL CERTIFICATION middle lobe, rt. lung, Lobular pneumonia, acute edema, both lungs - terminal
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Early uremia
DUE TO (c) Nephrosclerosis
II. OTHER SIGNIFICANT CONDITIONS Heart gastro-entecostomy for benign duodenal ulcer
INTERVAL BETWEEN ONSET AND DEATH terminal

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from at autopsy, to 3/24/56, 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 (Degree or title) John E. Johnson M.D. 23b. ADDRESS Research Hospital 23c. DATE SIGNED 3/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-24-56 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24d. LOCATION (City, town, or county) (State) Topeka, Kansas

DATE REC'D BY LOCAL REG. 3-26-56 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.

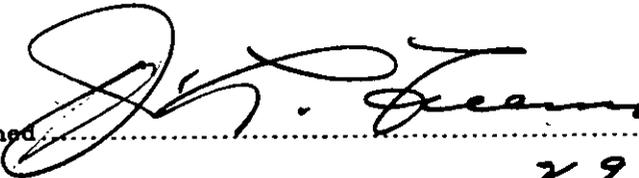
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John E. Johnson

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 .....

Licensed Embalmer No. 29

P. O. Address 502

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.