

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22635

FILED JUN 19 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>BOONE (RURAL)</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>HARTVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>5 mi. No. 1140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>VEST</u>	c. (Last) <u>CALDWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-11-1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MARBLE HILL MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>EDITH PRATTS</u>	14. NAME OF HUSBAND OR WIFE <u>ALICE JOYCE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>707-12-0768</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Pearman</u> ADDRESS <u>Hartville 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary heart disease</u> <u>10 years</u>		
	DUE TO (c) <u>Generalized arteriosclerosis</u> <u>15 years</u> <u>Congestive heart failure</u> <u>3 months</u> <u>Diabetes Mellitus</u> <u>17 years</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Angioma 1, 2, 3 in toe Rt foot</u>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 6, 1956, to May 3, 1956, that I last saw the deceased alive on May 2, 1956, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell MD.</u>	23b. ADDRESS <u>marshfield, Mo.</u>	23c. DATE SIGNED <u>May 15, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE CREEK</u>	24d. LOCATION (City, town, or county) (State) <u>7 mi. No Hartville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-56</u>	REGISTRAR'S SIGNATURE <u>E. J. Garner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u> ADDRESS <u>Hartville Mo.</u>
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RECEIVED JUN 19 1956
WRIGHT CO. HEALTH DEPT.
County File Number 656-61
Date Filed 6-18-56

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 *Rw Barber*

Licensed Embalmer No. 380

P. O. Address *Wm. H. Barber*

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.