

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24196**

FILED AUG 8 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4246** Registrar's No. **111**

**1. PLACE OF DEATH**  
 a. COUNTY **JASPER**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Carl Junction**  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **201 Summit**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jasper**  
 c. CITY OR TOWN **Carl Junction**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **201 Summit**

**3. NAME OF DECEASED**  
 a. (First) **ULYSSES** b. (Middle) **R.** c. (Last) **CALDWELL**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**7-21-1956**

**5. SEX** **Male** **6. COLOR OR RACE** **White**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**

**8. DATE OF BIRTH** **5-19-1882**  
**9. AGE** (In years last birthday) **74** IF UNDER 1 YEAR: Months **2** Days **5** IF UNDER 24 HRS. Hours **1** Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Mining**

**10b. KIND OF BUSINESS OR INDUSTRY**  
**lead-zinc Mines**

**11. BIRTHPLACE** (City and State or Foreign Country)  
**Christian Co., Ill.**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.A.**

**13a. FATHER'S NAME**  
**John Caldwell**

**13b. MOTHER'S MAIDEN NAME**  
**Theresa (unknown)**

**14. NAME OF HUSBAND OR WIFE**  
**Della (Sandy) Caldwell**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

**16. SOCIAL SECURITY NO.**  
**496-07-2146**

**17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Della Caldwell** **ADDRESS** **Carl Junction, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Decompensated Cor Pulmonale**  
**ANTECEDENT CAUSES**  
 DUE TO (b) **Pulmonary Emphysema**  
 DUE TO (c) **Silicosis**  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
**5 yrs**  
**5 yrs.**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
**5230**

**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) (Min.)

**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** **April 18, 1955**, to **July 24, 1956**, that I last saw the deceased alive on **July 23, 1956**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or Title) **Dr. Stiles**

**23b. ADDRESS** **Carl Junction, Mo.**

**23c. DATE SIGNED** **7/25/56**

**24a. BURIAL, CREMATION, REMOVAL (Specify)**  
**Burial**

**24b. DATE** **7-27-1956**

**24c. NAME OF CEMETERY OR CREMATORY** **Carl Junction Cemetery**

**24d. LOCATION (City, town, or county) (State)** **Carl Junction, Missouri**

**DATE REC'D BY LOCAL REG.** **7-30-56**

**REGISTRAR'S SIGNATURE** **Mrs. Madeline Switzer**

**25. FUNERAL DIRECTOR'S SIGNATURE** **Carl Junction, Mo.**

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

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County File Number 56-8-621  
Date Filed AUG 6 1956  
County Office

MAR 26 1956

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 *Jack C. Simpson*  
Licensed Embalmer No. *4647*  
P. O. Address *Webb City*

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.