

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25698

State File No.

FILED AUG 10 1956

118

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY OR TOWN <u>Bloomfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Delta Community Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>Rt. # 3</u>	

10301

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Florra</u>	b. (Middle) <u>Essie</u>	c. (Last) <u>Caldwell</u>	(Month) <u>8</u>	(Day) <u>2</u>	(Year) <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-2-1896</u>	9. AGE (in years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>10</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Henry Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Harlan</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Caldwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>5810</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Caldwell, Husband,</u>	
				ADDRESS <u>Bloomfield, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis of shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Hemorrhage</u> DUE TO (c) <u>Probable Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>		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 July 18, 1956, to Aug 2, 1956, that I last saw the deceased alive on Aug 7, 1956 and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen Parker MD</u>		23b. ADDRESS <u>Bloomfield Mo</u>		23c. DATE SIGNED <u>8-2-56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 5, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Stoddard County, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>8-3-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO. BLOOMFIELD, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

487

DATE RECEIVED AUG 6 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-164

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, & by Lulu Cooper # 3499 ~~Student Embalmer No.~~

~~working under my personal supervision~~

~~Student~~
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.