

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14279

STATE FILE NUMBER

Registration District No. 293Primary Registration District No. 4436

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Rolls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rolls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New London</u>				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>New London</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>				Length of stay in 1b		d. STREET ADDRESS <u>0870</u> (If outside, give location) <u>0</u>	
3. NAME OF DECEASED (Type or print) First <u>MABEL</u> Middle <u>ESTHER</u> Last <u>STOUT</u>				4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>July 13, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>		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	
11. BIRTHPLACE (City and state or country) <u>New London Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13. FATHER'S NAME <u>Richard Harve Caldwell</u>				14. MOTHER'S MAIDEN NAME <u>Sallie Gentry</u>			
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 <u>Gentry Stout Mexico Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Stroke's & focal cell of 1 year duration with several multiple hemorrh. during year.</u> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) <u>331x</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1947</u> to <u>1957</u> and last saw her <u>alive</u> on <u>April 17, 1957</u> . Death occurred at <u>4:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. P. Hansen D.O.</u> (Degree or title)				22b. ADDRESS <u>Frankford Mo.</u>		22c. DATE SIGNED <u>4/19/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/19/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>New London Rolls Missouri</u>	
24. FUNERAL DIRECTOR <u>Hannibal Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>4/22/57</u>		26. REGISTRAR'S SIGNATURE <u>Clyde C. Wilkey</u>	

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 195.140 WORKS 1947.
Dector, coroner, etc. must use only standard nomenclature in item 18. No symptoms must be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

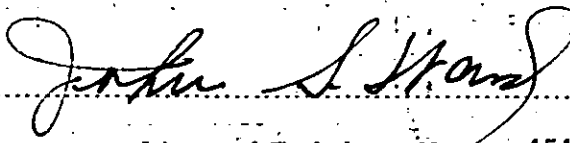
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

267-0

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. 454

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.