

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41236

State File No. _____

FILED NOV 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Newton		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Neosho		c. LENGTH OF STAY (In this place) 12 Yrs		a. STATE Missouri COUNTY Newton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital		c. CITY OR TOWN Neosho		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 808 Stratford Place	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Homer		b. (Middle)		c. (Last) Caldwell		6. COLOR OR RACE White	
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 20-1893		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 4 HRS. 64 Months 1 Days 6 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Civil Service Clerk			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Anderson Missouri	
13a. FATHER'S NAME Douglas Caldwell			13b. MOTHER'S MAIDEN NAME Martha Hires			14. NAME OF HUSBAND OR WIFE Nina	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War # 1		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina Caldwell Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Gasts		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease				24 hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200		DUE TO (c)				5 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>10/30</u> ¹⁹⁵⁷ to <u>10/26</u> ¹⁹⁵⁷ , that I last saw the deceased alive on <u>10-26</u> , 19 <u>57</u> , and that death occurred at <u>11:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold C. Burk m.d.			23b. ADDRESS Neosho Mo.			23c. DATE SIGNED 10-31-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 29, 1957		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
DATE REC'D BY LOCAL REG. Nov 4. 57		REGISTRAR'S SIGNATURE Melvin C. Bauman MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.			

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

2230

RECEIVED

District Health Officer No. Newton

District File Number 1157-257

Date Filed NOV 18 1957

NOV 20 1957

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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision.

Student Fred L. Clark
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 477a

P. O. Address [Signature]

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.