

THE DIVISION OF HEALTH OF MISSOURI
FILED DEC 16 1957 STANDARD CERTIFICATE OF DEATH

State File No. **45028**

BIRTH NO.		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4305		Registrar's No. 72		
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		c. LENGTH OF STAY (in this place) Most of 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson				
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) In Town				
3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) (Ini. Only) A. c. (Last) (Ini. Only) Caldwell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1875		9. AGE (in years last birthday) 82	If UNDER 1 YEAR Months 7 Days 0	If UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (City and State or Foreign Country) Lanagan, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Harper Caldwell		13b. MOTHER'S MAIDEN NAME Nancy May		14. NAME OF HUSBAND OR WIFE Laura Sellers 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Sellers Caldwell Anderson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 hours						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? 2 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 5-1 , 1957, to 12-5 , 1957, that I last saw the deceased alive on 12-5 , 1957, and that death occurred at 12:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) A. W. Blankenship, M.D.				23b. ADDRESS Anderson Mo.		23c. DATE SIGNED 12-7-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/57	24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson, Missouri			
DATE REC'D BY LOCAL REG. 12-9-57		REGISTRAR'S SIGNATURE Mayme Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph Funeral Home Anderson, Mo.				

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

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(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1957

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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
Student Embalmer

Signed Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Andover, Ma.

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