

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008504

STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbina</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Shelbina</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----			Length of stay in lb <u>11 years</u>		d. STREET ADDRESS -----			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Rosanna Caldwell</u>				First <u>Rosanna</u> Middle <u>Caldwell</u> Last		4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>58</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 13, 1878</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </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>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Thomas Riley</u>				14. MOTHER'S MAIDEN NAME <u>Rosanna Riley</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address <u>Mrs. Ralph Farrell - Shelbina, Mo.</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>Cerebrovascular accident</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>cerebral arterio-sclerosis</u>		DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a) <u>331X</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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. _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						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>Jan 14 56</u> to <u>Jan 23, - 58</u> and last saw her alive on <u>Jan 23, 1958</u> Death occurred at <u>6:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.</u>										
22a. SIGNATURE <u>Chas A. Lichty MD.</u> (Degree or title)				22b. ADDRESS <u>Shelbina Mo</u>			22c. DATE SIGNED <u>2/9/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-27-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Shelbina, Mo.</u>			(State)		
24. FUNERAL DIRECTOR <u>Barkelaw &amp; Davis Funeral Service</u> Address <u>Shelbina, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-18-58</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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 John A. Byrd, Student Embalmer No. 53  
working under my personal supervision,.

Student John A. Byrd  
Signature of Student Embalmer

Signed Cherry A. Parkes  
Licensed Embalmer No. 38

P. O. Address Wichita,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.