

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009840
STATE FILE NUMBER
1153

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1153

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		d. STREET ADDRESS 1305 Troost	
3. NAME OF DECEASED (Type or print) Marie Caldwell		4. DATE OF DEATH Month Day Year Feb. 26, 1958	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse aid		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 50 yrs
11. BIRTHPLACE (City and state or country) Osage, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Will Pickett		13b. MOTHER'S MAIDEN NAME Maggie Turner	
14. NAME OF HUSBAND OR WIFE George Caldwell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 494-12-6326		17. INFORMANT Address Harry Wilson, friend 1305 Troost	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder with extensive metastasis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 181A
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 Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <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		20g. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-18-58 to 2-26-58 and last saw her alive on 2-26-58 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.R. Peterson MD		22b. ADDRESS 600 E. 22nd Street	
22c. DATE SIGNED 3-3-58		22d. DATE SIGNED 3-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-58	
23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Watkins Brothers Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 3-4-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W.R. Peterson

All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No. *4502*

P. O. Address *18th & Bee*

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.