...t. Health,
..., & Welfare
...S. Public
...th Service

S. 300
...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017497
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 53 Primary Registration District No. _____ Registrar's No. 340

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Southeast Mo. Hospital — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~Missouri~~ Illinois
b. COUNTY Jackson
c. CITY OR TOWN Caborndale 8120 8 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R. F. D. 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First NORMAN Middle W. Last CALDWELL
4. DATE OF DEATH Month May Day 30 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH June 8, 1905
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months 11 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) History teacher
10b. KIND OF BUSINESS OR INDUSTRY University
11. BIRTHPLACE (City and state or country) Thebes, Illinlis 1
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William Caldwell
13b. MOTHER'S MAIDEN NAME Ida Dyer
14. NAME OF HUSBAND OR WIFE Amy E. Caldwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 2
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs Amy E. Caldwell Address R. 1 Carbondale, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction or pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH 20 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____ 602X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt. under treatment for obstruction lt. ureter due to stone
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

MEDICAL CERTIFICATION

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 5-27-58, to 5-30-58 and last saw ~~her~~ him alive on 5-30-58
Death occurred at 1 45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. R. Seabaugh 0
22b. ADDRESS 219 N. Pacific Cape Girardeau, Mo
22c. DATE SIGNED 5-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 1, 1958
23c. NAME OF CEMETERY OR CREMATORY New Hobbs Cemetery
23d. LOCATION (City, town, or county) Thebes, Illinois (State)

24. FUNERAL DIRECTOR Walther's Funeral Home ADDRESS Cape Gir. Mo.
25. DATE RECD. BY LOCAL REG. June 5, 1958
26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUN 23 1958

JUN 20 1958

MAR 20 1959

JUN 16 1958

JUN 13 1958

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 Virgil W. Welch

Licensed Embalmer No. 4192

P. O. Address Cape Girardeau

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.