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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006747
STATE FILE NUMBER

MAR 11 1959 Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp. — Length of stay in Ib 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Gatewood (9110) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D. (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Angie Middle: — Last: Caldwell

4. DATE OF DEATH Month: Feb. Day: 25 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Oct. 13, 1894
9. AGE (In years on last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Ponder, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Thomas Beal
13b. MOTHER'S MAIDEN NAME: Elsie Coonce
14. NAME OF HUSBAND OR WIFE: Henry Caldwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Eddie Caldwell Address: Gatewood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis — 6 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1949, to 2/25/59 and last saw her/him alive on 2/25/59
Death occurred at 11:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank C. Johnson (Degree or title) M.D.
22b. ADDRESS: Doniphan MO
22c. DATE SIGNED: 2/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: Tucker Cemetery
23d. LOCATION (City, town, or county) (State): Ripley County, Missouri

24. FUNERAL DIRECTOR: Edwards Funeral Home ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 3-6-1959
26. REGISTRAR'S SIGNATURE: Flava Bruz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naples, Me

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.