

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009315

FILED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 1442

|   |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital, 48 yrs</b>   |                               | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br><b>219 W. 81st St.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JOHN</b> Middle <b>VINCENT</b> Last <b>CALDWELL</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>17</b> Year <b>1959</b>  |  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>April 5, 1910</b>   | 9. AGE (In years last birthday)<br><b>48</b>                             | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plumber</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Local Union # 8</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |
| 13a. FATHER'S NAME<br><b>Charles Patrick Caldwell</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Eva Sauds</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Esther Caldwell</b>                    |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>488-36-6322</b>   | 17. INFORMANT Address<br><b>Esther Caldwell, 219 W. 81st Street</b>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>   |                               |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 months</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Coronary artery atherosclerosis</b>   |                               |   |  |  | <b>2 1/2 years</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)   |                               |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |                               |   |  |  |   |
| 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<br>COUNTY STATE   |  |   |
| 21. I attended the deceased from <b>Feb 8, 1958</b> to <b>Mar 17, 1959</b> and last saw her alive on <b>March 17, 1959</b><br>Death occurred at <b>2:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Martin J. Mueller M.D.</b>   |                               |   | 22b. ADDRESS<br><b>535 Angye Bldg KCMO</b>   |  | 22c. DATE SIGNED<br><b>3-19-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3-20-1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Mellody-McGilley-Eylar Funeral Home<br/>Woodland-Linwood</b>   |                               | 25. DATE RECD. BY LOCAL REG.<br><b>3-19-59</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>  |  |   |

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Martin J. Mueller

All diseases in Part I must be causally related.

Revised 7/5  
2000  
412-8227

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 *Melvin Barton* .....

Licensed Embalmer No. *4905* .....

P. O. Address *KCMO* .....

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.