

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024065

FILED VS JUL 30 1959

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. ~~5040~~ 56 STATE FILE NUMBER 11

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BARRY	b. CITY (If outside corporate limits, give TOWNSHIP only) EXETER TWP.	a. STATE MISSOURI	b. COUNTY BARRY
Length of stay in 1b 1 yr		c. CITY OR TOWN EXETER, MISSOURI	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. E. of Exeter		d. STREET ADDRESS (If outside, give location) 1 Mi. E. of Exeter	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First SADIE	Middle BELL	Last CALDWELL	4. DATE OF DEATH	Month July	Day 21	Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-05	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home keeper	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Fountain Head, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Moore	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Oplelia Robins, Exeter, Mo.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. yes	17. INFORMANT Oplelia Robins, Exeter, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Ca of Breast.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) immediate Subcutaneous Edema	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from Nov 19 57 to July 20 1959 and last saw her alive on July 20 1959
Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles M.D.</i>	(Degree or title)	22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 7-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-59	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	23d. LOCATION (City, town, or county) Exeter, Mo.
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24. FUNERAL DIRECTOR Noyle E. Williamson, Cassville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-22-1959	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by myself, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville, S

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.