

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025035

DECEASED VS AUG 1 0 1959 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3585 STATE FILE NUMBER

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) KANSAS CITY			Length of stay in 1b 42yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If deceased in hospital or institution) 2836 Benton				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2131 E. 24th St.	
3. NAME OF DECEASED (Type or print) First: WALTER Middle: W. Last: CALDWELL				4. DATE OF DEATH Month: 7 Day: 21 Year: 59			
5. SEX male	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 7-4-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months: Days: Hours: Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jefferson Caldwell			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Araminta Caldwell		
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. no		17. INFORMANT Walter Caldwell, Jr. 2926 Victor Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ① Arteriosclerotic Heart Disease DUE TO (b) ② Encephalomalacia DUE TO (c) ③ Terminal Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
21. I attended the deceased from 7-2-59 to 7-21-59 and last saw her/him alive on 7-20-59 Death occurred at 10:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Royce B. Fleming, M.D.				22b. ADDRESS 1433 E-19th		22c. DATE SIGNED 7-22-59	
23a. BURIAL, CREMATION, REMOVAL (specify)		23b. DATE 7-24-59		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton				ADDRESS		25. DATE RECD. BY LOCAL REG. 7-24-59	
26. REGISTRAR'S SIGNATURE New Marshall							

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Royce B. Fleming, M.D.

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 Nicholas Green

Licensed Embalmer No. 4721

P. O. Address 1600 Benton

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.