

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039955

FILED VS NOV 3 0 1959

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

5419

STATE FILE NUMBER

ENDED

| | | | | | | | |
|---|--|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>44 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEW HOPE REST HOME</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3620 TROOST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Addie Bertie Caldwell</u> | | | 4. DATE OF DEATH Month Day Year <u>11 8 1959</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-15-80</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u> | | 11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | |
| 13a. FATHER'S NAME <u>James Caldwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Ogden</u> | | 14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT Address <u>J.E. Caldwell, Warrensburg, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Atherosclerosis</u> DUE TO (b) <u>A.S.H.D. - Decompensation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>5 yrs.</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinsonism</u> | | | | 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 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year | | | | | | | |
| 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 | | | |
| 21. I attended the deceased from <u>3 Nov 59</u> to <u>11-8-59</u> and last saw her alive on <u>3 Nov 59</u> . Death occurred at <u>7:30 am - 8 Nov 59</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Burford Casebolt</u> | | | 22b. ADDRESS <u>4000 Bellevue St. Mo.</u> | | 22c. DATE SIGNED <u>8 Nov 59</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11-11-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>-</u> | | 23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Sweeney-Phillips</u> ADDRESS <u>Warrensburg, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>11-11-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Burford Casebolt

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 Marie D. Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg, Mo.

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.