

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates				
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler		Length of stay in 1b 5 days		c. CITY OR TOWN Amoret		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 miles N. E. Amoret		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Elmer Last Caldwell				4. DATE OF DEATH Month 3 Day 31 Year 60				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-64	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Caldwell			13b. MOTHER'S MAIDEN NAME Mary Ann Nichol		14. NAME OF HUSBAND OR WIFE Exira 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. none		17. INFORMANT Mrs. Bert Jones, Amoret, Missouri Address			
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Fracture, femur DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 days 1 wk.		
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home.						
20c. TIME OF INJURY 3:30 p.m.		Month, Day, Year 3 26 60						
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.) Home		20f. CITY, TOWN, OR LOCATION Bates Mo.		COUNTY Bates STATE Mo.		
21. I attended the deceased from 3/24/60 to 3/31/60 and last saw him alive on 3/31/60 Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Douglas P. Rowland M. D.				22b. ADDRESS Butler, Missouri		22c. DATE SIGNED 4-4-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-2-50		23c. NAME OF CEMETERY OR CREMATORY Richland Cemetery		23d. LOCATION (City, town, or county) (State) Linn County, Kansas		
24. FUNERAL DIRECTOR Archer & Manold, Amsterdam, Mo.				25. DATE RECD. BY LOCAL REG. April 4-1960		26. REGISTRAR'S SIGNATURE Kendall Kersey		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 7 1963

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne,

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.