

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007127

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 42

AMENDED

FILED FEB 20 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Livingston</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>		d. STREET ADDRESS <u>1117 Olive Street</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Livingston</u>		c. CITY OR TOWN <u>Chillicothe</u>		d. STREET ADDRESS <u>1117 Olive Street</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in Mo. <u>6 years</u>		c. CITY OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1117 Olive Street</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GUY</u> Middle <u>CADELL</u> Last <u>CADELL</u>				4. DATE OF DEATH <u>February 16, 1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-5-92</u>	
9. AGE (last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livingston Co., Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				13a. FATHER'S NAME <u>Thomas L. Caddell</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary E. Hughes</u>				14. NAME OF HUSBAND OR WIFE <u>Alma M. Caddell</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>				17. INFORMANT <u>Mrs. Guy Caddell; Chillicothe, Mo.</u>			
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) <u>Justice hemorrhage</u>							<u>12 hrs -</u>
DUE TO (b) <u>Metastatic Carcinoma</u>							<u>1 yr</u>
DUE TO (c) <u>Cancer of Kidney</u>							<u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized metastatic carcinoma</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 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 Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>							
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>2-2-62</u> to <u>2-15-62</u> and last saw ^{her} him alive on <u>2-15-62</u> Death occurred at <u>three forty-five a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. L. Milazzo D.O.</u>				22b. ADDRESS <u>Chillicothe Mo</u>		22c. DATE SIGNED <u>2-16-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-18-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Norman Funeral Home Chillicothe, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 16, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

APR 9 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.