

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007190

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 51

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b	c. CITY OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Shelbina Mo.	
3. NAME OF DECEASED (Type or print) First ISAAC Middle CALDWELL Last CALDWELL			4. DATE OF DEATH Month February Day 6 Year 1962		
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 Aug. 12, 1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 5 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Monroe County Mo.	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME James S. Caldwell		13b. MOTHER'S MAIDEN NAME Martha Ellen Magruder		17. NAME OF HUSBAND OR WIFE Mrs. Ed Gillispie Shelbina Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Mrs. Ed Gillispie Shelbina Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mesenteric thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombocytopenia					
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 1 Feb 1962 to 6 Feb 1962 and last saw her/him alive on 6 Feb 1962 Death occurred at 6: P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wesley Hamlin M.D.			22b. ADDRESS Hannibal Mo.		22c. DATE SIGNED 2/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/8/1962	23c. NAME OF CEMETERY OR CREMATORY Shelbina Cem.	23d. LOCATION (City, town, or county) Shelbina Mo	(State)	
24. FUNERAL DIRECTOR Hayes Funeral Home Shelbina Missouri		ADDRESS Feb. 7, 1962	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Dr. E.M. Duchoy by Lillian M. Norman	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

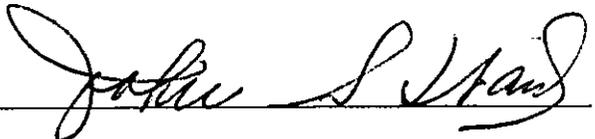
FEB 19 1962
AUG 29 1961

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  _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.