

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019952

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 112

FILED MAY 28 1962

VS 300
Rev. 4/59

10987
2887
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ:

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> | | Length of stay in 1b <u>75 years</u> | c. CITY OR TOWN <u>Moberly</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <u>937 W. End Place</u> |
| 3. NAME OF DECEASED (Type or print) First <u>RHODA PEARL</u> Middle <u>CALDWELL</u> Last <u>CALDWELL</u> | | 4. DATE OF DEATH Month <u>May</u> - Day <u>10</u> - Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-1888</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 9. AGE (last birthday) <u>79</u> |
| 13a. FATHER'S NAME <u>William Lansing Chase</u> | | 13b. MOTHER'S MAIDEN NAME <u>Flora Clutch</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 17. INFORMANT <u>Mrs. John Crutcher Moberly MO.</u> | | 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) <u>Bronchial Pneumonia</u> and Hypertensive Cardio-Vascular Disease - Feb/62 DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>May 5/62</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</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.) <u>✓</u> | |
| 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>Feb. 19/62</u> to <u>May 10/62</u> and last saw her alive on <u>May 10/62</u> Death occurred at <u>9:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. E. Hubert, MD</u> | | 22b. ADDRESS <u>Moberly MO</u> | 22c. DATE SIGNED <u>5/11/62</u> |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) | 23b. DATE <u>May-12-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-12-62</u> | 26. REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u> |

MAY 24 1962

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 *P. M. Cater*

Licensed Embalmer No. 4117

P. O. Address *Moberly 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.