MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026616
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0365
2 0364
3 2
4 1
5 1
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7 0
8 0
9 4221
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12 2-0
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 168

FILED AUG 6 1962

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1000' WRIGHT ST.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle M. Last CALDWELL
4. DATE OF DEATH Month JULY Day 30 Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT. 23, 1879
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months 9 Days 7 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) VILLA RIDGE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JACOB REANICK
13b. MOTHER'S MAIDEN NAME OZETTER WALTON
14. NAME OF HUSBAND OR WIFE ROBERT W. CALDWELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MR. ROBERT W. CALDWELL Address UNION, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 6 Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular dis — 40 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Rheumatoid arthritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 --- to -- and last saw her/him alive on --
Death occurred at 6:pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Geo. G. Richardson, M.D. (Degree or title)
22b. ADDRESS Union, Mo.
22c. DATE SIGNED 1 Aug 62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY BRUSH CREEK CEMETERY
23d. LOCATION (City, town, or county) GRAY SUMMIT (State) MO.
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 8/2/62
26. REGISTRAR'S SIGNATURE Lula C. Tuckmann

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.