

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-031969

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 320

VS 300 Rev. 4/59

0808  
20808

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4 1  
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9153.0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. **PLACE OF DEATH** **FILED SEP 4 1962**  
 a. COUNTY **Pettis**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) **Sedalia** Length of stay in 1b **40 years**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Bothwell Hospital** Inside Limits Yes  No   
 2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Pettis**  
 c. CITY OR TOWN **Sedalia** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **634 East 3rd St.** Reside on Farm Yes  No

3. **NAME OF DECEASED** First Middle Last 4. **DATE OF DEATH** Month Day Year  
**LANTA M. CALDWELL** **AUGUST 29, 1962**

5. **SEX** 6. **COLOR OR RACE** 7. **Married**  Never Married  Widowed  Divorced   
**Female** **White** **4-27-1908** 9. **AGE (last birthday)** **54** IF UNDER 1 YEAR IF UNDER 24 HR  
 10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) 10b. **KIND OF BUSINESS OR INDUSTRY** 11. **BIRTHPLACE** (City and state or country) 12. **CITIZEN OF WHAT COUNTRY**  
**Owner & operator** **Beauty** **Florence, Missouri** **USA**

13a. **FATHER'S NAME** 13b. **MOTHER'S MAIDEN NAME** 14. **NAME OF HUSBAND OR WIFE**  
**Jacob Hockaday** **Mary Belle Wheatley** **Curtis C. 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.** 17. **INFORMANT** Address  
**no** **Curtis Caldwell, 634 E.3rd, Sedalia, Mo.**

18. **CAUSE OF DEATH** (Enter only one cause per line f. PART I. **DEATH WAS CAUSED BY:** IMMEDIATE CAUSE (a) **Metastater Carcinoma of The Liver** INTERVAL BETWEEN ONSET AND DEATH **2 months**  
 (b) **Carcinoma of The Caecum** **7 months**  
 (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.**  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** **June 19, 1962** to **August 29, 1962** and last saw her alive on **August 28, 1962**  
 Death occurred at **9:05 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) 22b. **ADDRESS** 22c. **DATE SIGNED**  
**I.S. Hopkins, M.D.** **1609 S. 5th St. Sedalia, Mo.** **8-30-62**

23a. **BURIAL, CREMATION, REMOVAL** (Specify) 23b. **DATE** 23c. **NAME OF CEMETERY OR CREMATORY** 23d. **LOCATION** (City, town, or county) (State)  
**Burial** **8-31-62** **Memorial Park Cemetery** **Sedalia, Missouri**

24. **FUNERAL DIRECTOR** ADDRESS 25. **DATE RECD. BY LOCAL REG.** 26. **REGISTRAR'S SIGNATURE**  
**D.W. Heckart, Gillespie Funeral Home** **Sedalia, Mo.** **8-31-62** **Nancy Anderson, Deputy**

SEP 7 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 SW Seebart

Licensed Embalmer No. 3470

P. O. Address Edalia

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.