

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1170

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED OCT 22 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in lb Life		c. CITY OR TOWN St. Joseph,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2632 Jules Street	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First ROBERT Middle MAURICE Last CALDWELL		Month October Day 12 Year 1962		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar. 21, 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Caldwell Jewelry		9. AGE (last birthday) 58	
13a. FATHER'S NAME James Caldwell		13b. MOTHER'S MAIDEN NAME Alma Terry		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		12. CITIZEN OF WHAT COUNTRY U.S.A.	
17. INFORMANT Mrs. Geraldine H. Caldwell-St. Joseph, Mo.		14. NAME OF HUSBAND OR WIFE Geraldine H. Caldwell		Address _____	
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) Coronary occlusion				1 hour	
DUE TO (b) Coronary artery Disease				9 years	
DUE TO (c) _____				_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronioneplia & Congestive Heart Failure to 1/2				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 _____ 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 Jan 26 1954 to Oct 12 1962 and last saw her/him alive on Oct 12 1962					
Death occurred at 2:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lewis Rosenthal M.D.			22b. ADDRESS St Joseph MO		22c. DATE SIGNED 10-13-62
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial		23b. DATE 10/15/1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Oct. 18, 1962		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

L. J. Rosenthal, Medical Certification

USE BLACK INK OR TYPEWRITER RIBBON

MAY 20 1963

OCT 26 1962

Permit issued 10/15/62

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 Raymond A. Tracy

Licensed Embalmer No. 5147

P. O. Address St Joseph Ho

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.