

No. 2
1-147
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19283

Registration District No. 1937

Primary Registration District No. 5504

Registrar's No. 148

1. PLACE OF DEATH:

(a) County... Henry
(b) City or town... Clintonville
(c) Name... Clinton Turn on highway
(d) Length of stay: seventy years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Henry 42
(c) City or town... Uruck Rural 0
Street No... White Oak Turn 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME... Charley W Caldwell
3. (b) If veteran, name war... no
3. (c) Social Security No. name... none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1948 hour 8:45 minute... 8 P.M.
21. I hereby certify that I attended the deceased from about 2 P.M.
19... to 19...
that I last saw him alive on July 7 1948
and that death occurred on the date and hour stated above.

4. Sex... m 5. Color or race... W
6. (a) Single (b) Widowed
6. (b) Name of husband or wife... Oliver W Caldwell
6. (c) Age of husband or wife if alive... 18 years
7. Birth date of deceased... 11 1867

Immediate cause of death... Asphyxiation
Complete occlusion of R.B.
Ribs
Due to... Hyponatremia
Due to.....

8. AGE: Years Months Days If less than one day
50 8 7 hr. min.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: 3 W
Of operations.....
Of autopsy.....

9. Birthplace... Pitts Co. Ohio

10. Usual occupation... Farming

11. Industry or business... John Caldwell

12. Name... John Caldwell

13. Birthplace... Noble Co. Ohio

14. Maiden name... Abigail K. Estep

15. Birthplace... Noble Co. Ohio

16. (a) Informant... F. M. Caldwell
(b) Address... Clinton Mo

17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... 7-8-48
(c) Place... White Oak Cemetery

18. (a) Signature of funeral director... W. J. Brown
(b) Address... Uruck Mo
19. (a) 7-8-48 (b) R. R. Kenney

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury... 0
23. Signature... J. W. Gallardo (M. D. certified)
Address... Uruck Mo Date signed... 7-8-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number _____ 804

Date Filed _____ 7-14-48

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.