

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 929

FILED FEB 14 1951

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 21

427
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Urich</u>		104211	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis Marion</u> b. (Middle) <u>Caldwell</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 19 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto & Hardware</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Abigail Mathews</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie H. Caldwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John W. Caldwell, Urich, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis and hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Feb. 8</u> , 19 <u>50</u> , to <u>Feb. 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 7</u> , 19 <u>51</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>James O. Smith M.D.</u>			23b. ADDRESS <u>Clinton, Missouri</u>		23c. DATE SIGNED <u>Feb. 8, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>February 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Urich, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb-9-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Brown, Urich, MO</u>			

APR 11 1951

RECEIVED 2-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51

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 _____
Student Embalmer

Signed *Robert S. Dunning*

Licensed Embalmer No. 4790

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.