

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12340**

FILED MAY 8 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HENRY			
b. CITY OR TOWN CLINTON		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN CLINTON		d. STREET ADDRESS (If rural, give location) 114 E. WILSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSPITAL				4. DATE OF DEATH (Month) (Day) (Year) MAY 2, 1951			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) E. CALDWELL		c. (Last) _____		5. SEX MALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JAN. 27, 1869		9. AGE (In years, Months, Days) 82 3 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BENTON CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.M. CALDWELL		13b. MOTHER'S MAIDEN NAME COLUMBIA NEPTUNE		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. C.T. Long - Clinton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		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 30 April, 1951 , to 3 May, 1951 , that I last saw the deceased alive on 29 May, 1951 , and that death occurred at 11:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Nugh B Walker, MD				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 3 May 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 4, 1951		24c. NAME OF CEMETERY OR CREMATORY WHITE OAK CEM.		24d. LOCATION (City, town, or county) (State) Whick, Mo.	
DATE REC'D BY LOCAL REG. May-5-1951		REGISTRAR'S SIGNATURE Florence Adair		422		25. FUNERAL DIRECTOR'S SIGNATURE M. de Fausant, Clinton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

432

RECEIVED 5-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filled 5-7-51

1951 JUN 6 AM

174 JUN 7 1951

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, ~~on~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed N. A. Tansant

Licensed Embalmer No. 3779

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.