

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38102**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 93

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile east of Neosho</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Neosho</u> d. STREET ADDRESS (If rural, give location) <u>1 mile East of Neosho</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Caldwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1949</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>April 16, 1900</u>		9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTRY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTRY</u>	
11. BIRTHPLACE (State or foreign country) <u>Anderson, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Steven A. Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hires</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Lou Neosho</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Lou Neosho</u> ADDRESS <u>Neosho</u>	
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) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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	
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 _____, 19<u>45</u>, to <u>11-9</u>, 19<u>49</u>, that I last saw the deceased alive on <u>11-9</u>, 19<u>49</u>, and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above. 			
23a. SIGNATURE (Degree or title) <u>F. W. Hatcher M.D.</u>		23b. ADDRESS <u>Neosho Mo.</u>	
23c. DATE SIGNED <u>11-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Machelane Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12, 1949</u>		REGISTRAR'S SIGNATURE <u>W. Edwin C. Bonaman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort.</u>		ADDRESS <u>Neosho</u>	

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 1149-209

Date Filed 12/28/49

JAN 1 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Joseph Sullivan

Signed.....
Student Embalmer

Licensed Embalmer No. 4646

P. O. Address Coplen, 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.