

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42827

State File No. \_\_\_\_\_

FILED DEC 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 COUNTY No. 420

44

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE City</u> <u>1690</u>	
c. LENGTH OF STAY (in this place) <u>2 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>104 SOUTH MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>G</u> c. (Last) <u>CALDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 19 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>June 25 1869</u>		9. AGE (in years last birthday) <u>83</u>		10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1 YEAR TO 5 YEARS <input type="checkbox"/> 5 YEARS TO 10 YEARS <input type="checkbox"/> 10 YEARS TO 15 YEARS <input type="checkbox"/> 15 YEARS TO 20 YEARS <input type="checkbox"/> 20 YEARS TO 25 YEARS <input type="checkbox"/> 25 YEARS TO 30 YEARS <input type="checkbox"/> 30 YEARS TO 35 YEARS <input type="checkbox"/> 35 YEARS TO 40 YEARS <input type="checkbox"/> 40 YEARS TO 45 YEARS <input type="checkbox"/> 45 YEARS TO 50 YEARS <input type="checkbox"/> 50 YEARS TO 55 YEARS <input type="checkbox"/> 55 YEARS TO 60 YEARS <input type="checkbox"/> 60 YEARS TO 65 YEARS <input type="checkbox"/> 65 YEARS TO 70 YEARS <input type="checkbox"/> 70 YEARS TO 75 YEARS <input type="checkbox"/> 75 YEARS TO 80 YEARS <input type="checkbox"/> 80 YEARS TO 85 YEARS <input type="checkbox"/> 85 YEARS TO 90 YEARS <input type="checkbox"/> 90 YEARS TO 95 YEARS <input type="checkbox"/> 95 YEARS TO 100 YEARS <input type="checkbox"/> OVER 100 YEARS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>R. EMMITT CALDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>LOU POAGE</u>	
13c. NAME OF HUSBAND OR WIFE <u>LAURA H CALDWELL</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. _____	
16. INFORMANT'S SIGNATURE OR NAME <u>Neil Sanders</u>		17. ADDRESS <u>Monroe City Mo</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		-MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
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. <u>CEREBRAL HEMORRHAGE 3 YEARS</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>MARCH 25, 1952</u> to <u>DEC 19, 1952</u> , that I last saw the deceased alive on <u>DEC 19, 1952</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John H. Webb M.D.</u>		23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>12/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; Sons</u>		ADDRESS <u>Monroe City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12/22/52</u>		REGISTRAR'S SIGNATURE <u>W. G. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; Sons</u>	
ADDRESS _____		ADDRESS _____		ADDRESS <u>Monroe City, Mo.</u>	

RECEIVED DEC 29 1962  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 29 1962

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.