

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28959

FILED SEP 11 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>352</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		d. STREET ADDRESS (If rural, give location) <u>922 N. Lynn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Stewart Grocery 1101 N. Main St.</u>				1005 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>M</u> c. (Last) <u>Caldwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1953</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>Aug. 16, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Summerville</u>		14. NAME OF HUSBAND OR WIFE <u>Maude S. Caldwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492 14 5648</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude S. Caldwell</u> ADDRESS <u>Independence, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arterio-sclerotic heart disease 20 years</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</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) <u>1200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 28, 1953</u> to <u>Sept 3, 1953</u> that I last saw the deceased alive on <u>Aug 28, 1953</u> and that death occurred at <u>6 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Thompson D.O.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>9-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wackpehah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-5-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.