

KC-9304712  
RN 12216

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33245

State File No. \_\_\_\_\_  
Registrar's No. 526

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

FILED NOV 13 1956

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Poplar Bluff</b> )		c. LENGTH OF STAY (In this place) <b>92 days</b>	c. CITY OR TOWN <b>Holcomb</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>CALDWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 26, 1956</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>6-8-18</b>		
9. AGE (In years last birthday) <b>38</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Holcomb, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James H. Caldwell</b>			
13b. MOTHER'S MAIDEN NAME <b>Emma Dennis</b>		14. NAME OF HUSBAND/OR WIFE <b>Hortense Caldwell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWII</b>		16. SOCIAL SECURITY NO. <b>498092563</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b>		ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Azotemia, renal</b>  ANTECEDENT CAUSES <b>Glomerulonephritis</b> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>593X</b>			
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) (Minute)			
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 <b>July 26, 1956</b> , to <b>October 26, 1956</b> , and that death occurred at <b>5:03 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>E. D. BASKETT</b> (Degree or title) <b>Chf, Med Sv.</b>		23b. ADDRESS <b>VAH, POPLAR BLUFF, MO.</b>			
23c. DATE SIGNED <b>10/26/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			
24b. DATE <b>Oct. 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Clarkton, Missouri Rte. 1</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo</b>			
DATE REC'D BY LOCAL REG. <b>10/30/56</b>		REGISTRAR'S SIGNATURE <b>R. H. Mudgett</b>			

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BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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.....  
Signature of Student Embalmer

Signed *Christina M. Landess*.....

Licensed Embalmer No. *4227*.....

P. O. Address *Campbell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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