

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38615**

BIRTH NO. _____		REG. DIST. NO. <b>875</b>		PRIMARY REG. DIST. NO. <b>5650</b>		Registrar's No. <b>185</b>			
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>					
b. CITY (If outside corporate limits, write RURAL and give name of town) <b>Rural, Township</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>		c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Verona, Mo. R#2</b>				No. STREET ADDRESS (If rural, give location) <b>Spring River Verona, Mo. R#2, Township</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>			b. (Middle) <b>Oness</b>		c. (Last) <b>Caldwell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 23 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>June 30, 1887</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>23</b> IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Calvin Curtis Caldwell</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Means</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Caldwell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-01-2826A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Caldwell, Verona, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Adeno carcinoma of sigmoid colon</b> 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. <b>153X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>	
19a. DATE OF OPERATION <b>1-6-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Resectable - deeply palliative colostomy done</b>						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) (Min.)		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>Dec 29 1955</b> , to <b>Nov 23, 1956</b> , that I last saw the deceased alive on <b>Nov 21 1956</b> , and that death occurred at <b>6 am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Robert W. Dowling M.D.</b>				23b. ADDRESS <b>Monett, Mo.</b>			23c. DATE SIGNED <b>Nov 23, 56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-25-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Church Cemetery, Monett, Mo.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>11-26-56</b>		REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mercer Funeral Home, Monett, Mo.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

853

AUG 2 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, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Roy H. Mercer*

Licensed Embalmer No. *4432*

P. O. Address *Mount, Md*

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.