

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> c. LENGTH OF TIME IN PLACE <u>28 days</u>		c. CITY OR TOWN <u>Wardell</u>	d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? <u>No</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospit</u>		e. STREET ADDRESS (If rural, give location) <u>5 mi north Wardell Mo</u>	
3. NAME OF DECEASED a. (First) <u>George</u> (Type or Print)		b. (Middle) <u>Caldwell</u> c. (Last) <u>Caldwell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-57</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>10-15-1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>farmer</u>	10b. IN THE BUSINESS OR INDUSTRY <u>Callon Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Caldwell</u>	13b. MOTHER'S MAIDEN NAME <u>Monie Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Caldwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, unknown) <u>no</u>	16. SOCIAL SECURITY NUMBER (If yes, give war or date of service) <u>498-40-4943</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Carrie Caldwell Wardell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction &amp; pneumonia</u> ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-op. prostatectomy</u> DUE TO (c) <u>HORSESHOE KIDNEY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1-2-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy</u>		20. AUTOPSY? <u>2</u> 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>610X</u>	
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>12-18-1956</u> to <u>1-17-1957</u> , that I last saw the deceased alive on <u>1-17-1957</u> , 19 <u>57</u> , and that death occurred at <u>11:20</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.B. Seabaugh, M.D.</u> (Degree or title)		23b. ADDRESS <u>219 W. Pacific Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>1-18-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardell</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-21-57</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>77 South Highways - Mo</u>	

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

44-0

MAR 18 1957

**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 *[Handwritten Signature]*

Licensed Embalmer No. *262*

P. O. Address *[Handwritten Address]*

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.