

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30498

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marshall</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>977 S. Salt Pond</u>		Length of stay in 1b <u>20 Months</u>	d. STREET ADDRESS (If outside, give location) <u>977 S. Salt Pond</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Karl</u> Middle <u>Jennings</u> Last <u>Caldwell Jr.</u>			4. DATE OF DEATH Month <u>August</u> Day <u>13th</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 28, 1922</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Los Angeles Calif.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Karl Jennings Caldwell</u>		
14. MOTHER'S MAIDEN NAME <u>Elsie Mildred Buck</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>Yes World war 2</u>		
16. SOCIAL SECURITY NO. <u>572-22-7210</u>			17. INFORMANT <u>Mrs Karl Caldwell Marshall Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medicinal edema + pulmonary edema.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hodgkins Disease - metastatic</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>2 yrs.</u>					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>201X</u>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 55</u> to <u>13 Aug 57</u> and last saw <u>him</u> alive on <u>8-12-57</u> Death occurred at <u>10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ralph H. Jones MD</u> (Degree or title)			22b. ADDRESS <u>Marshall, Mo.</u>		22c. DATE SIGNED <u>8-13-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 16, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>
24. FUNERAL DIRECTOR <u>Campbell-Lewis, Marshall Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>8-13-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

1959
 MAY 21 1959
 SEP 26 1959
 MAY 2 1960
 MAY 10 1960
 MAY 15 1960
 MAY 20 1960
 MAY 25 1960
 MAY 30 1960
 JUN 5 1960
 JUN 10 1960
 JUN 15 1960
 JUN 20 1960
 JUN 25 1960
 JUN 30 1960
 JUL 5 1960
 JUL 10 1960
 JUL 15 1960
 JUL 20 1960
 JUL 25 1960
 JUL 30 1960
 AUG 5 1960
 AUG 10 1960
 AUG 15 1960
 AUG 20 1960
 AUG 25 1960
 AUG 30 1960
 SEP 5 1960
 SEP 10 1960
 SEP 15 1960
 SEP 20 1960
 SEP 25 1960
 SEP 30 1960
 OCT 5 1960
 OCT 10 1960
 OCT 15 1960
 OCT 20 1960
 OCT 25 1960
 OCT 30 1960
 NOV 5 1960
 NOV 10 1960
 NOV 15 1960
 NOV 20 1960
 NOV 25 1960
 NOV 30 1960
 DEC 5 1960
 DEC 10 1960
 DEC 15 1960
 DEC 20 1960
 DEC 25 1960
 DEC 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
 by me, or by Student Embalmer No.....
 working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed *James H. Lewis*
 Licensed Embalmer No. *44*

P. O. Address *Mandalay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
 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.