

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013040  
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DAVIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WINSTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING HOME #1 <u>INSTITUTION</u>		Length of stay in lb <u>12</u> yrs	d. STREET ADDRESS (If outside, give location) <u>----</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED  
(Type or print) First Middle Last  
WILLIAM OREN CALDWELL

4. DATE OF DEATH Month Day Year  
APRIL 11, 1958

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</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>MAY 23, 1879</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING (RETIRED)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>WINSTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH M. CALDWELL</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH CALDWELL</u>	14. NAME OF HUSBAND OR WIFE <u>MAGGIE ROBBINS</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT Address <u>MRS. EDGAR PURDY, SHELBYNA, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cachexia and debilitation  
DUE TO (b) Difficulty in swallowing 239 X weeks  
DUE TO (c) Tumor mass (enlarging) on left side of neck months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Reemebency due to Cerebral arteriosclerosis + Osteoarthritis

INTERVAL BETWEEN ONSET AND DEATH  
weeks

19. WAS AUTOPSY PERFORMED?  
YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 8-2-56 to 4-11-58 and last saw <sup>her</sup> <sub>him</sub> alive on 4-10-58  
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George H. Schewer, D.O. ADDRESS Winstonsville, Mo. 22c. DATE SIGNED 4-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APRIL 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WINSTON CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>WINSTON, MISSOURI</u>
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24. FUNERAL DIRECTOR ADDRESS  
BARKLEY & DAIS FUNERAL SERVICE  
SHELBYNA, MO.

25. DATE RECD. BY LOCAL REG. 4-18-58

26. REGISTRAR'S SIGNATURE  
Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

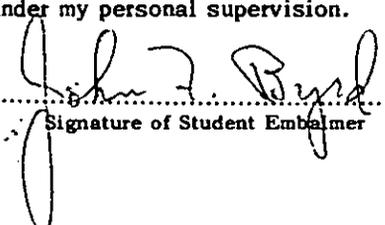
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

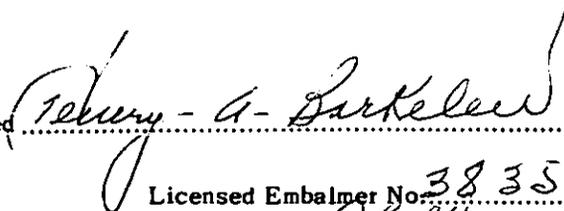
MEDICAL CERTIFICATION

ALL INFORMATION ON THIS CARD MUST BE CAUTIONARILY RETAINED.

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 ..... JOHN F. BYRD....., Student Embalmer No. ...554..... working under my personal supervision.

Student .....  .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 3835  
P. O. 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.