

Health,  
& Welfare  
Public  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028721

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 223

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>SULLIVAN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>		d. STREET ADDRESS <b>R.R. 4</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM ANDREW COLDWELL</b>		4. DATE OF DEATH Month Day Year <b>AUGUST 27 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 15, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MOTOR MGMT.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORTATION BURNSIDES, ILL.</b>	
13a. FATHER'S NAME <b>GEORGE COLDWELL</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH STEVENS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-10-9741</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MESENTERIC THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>	
DUE TO (c) <b>ARTERIO-SCLEROTIC CARDIO-VASCULAR D.</b>		<b>YEARS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>RHEUMATOID ARTHRITIS</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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	
21. I attended the deceased from <b>1954</b> to <b>Aug 27 1958</b> and last saw him alive on <b>Aug 27 58</b> Death occurred at <b>8:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Robert M. Crawford M.D.</b>	
22b. ADDRESS <b>Sullivan Mo</b>		22c. DATE SIGNED <b>Aug 27 58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>AUG. 30, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>REEDVILLE BAPTIST CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>SULLIVAN MO.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Sullivan, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8/28/58</b>	
26. REGISTRAR'S SIGNATURE <b>J.P. Stuhman</b>			

All diseases in Part I must be causally related.

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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 *J. A. Humphrey* .....

Licensed Embalmer No. *4772* .....

P. O. Address *Seaboard, 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.