THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018245
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Warrensburg Medical Center — Length of stay in Ib: On Arrival

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Leeton 0510 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RDF #1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Beatrice Middle: Mabel Last: Caldwell

4. DATE OF DEATH Month: June Day: 6, Year: 1959

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Jan. 4, 1892 **9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** At home

11. BIRTHPLACE (City and state or country): Urick, Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: George H. Williams **13b. MOTHER'S MAIDEN NAME:** Bertie G. Allison **14. NAME OF HUSBAND OR WIFE:** Joseph Elry Caldwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** None **17. INFORMANT:** Joseph Caldwell Address: Leeton, Mo. RFD 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1952 to 6-6-59 and last saw her/him alive on 6-6-59
Death occurred at 5:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Lee Cooper M.D. (Degree or title) **22b. ADDRESS** Warrensburg **22c. DATE SIGNED** 6-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 6/8/1959 **23c. NAME OF CEMETERY OR CREMATORY:** Mineral Creek Ceme. **23d. LOCATION** (City, town, or county) (State): Leeton, Missouri

24. FUNERAL DIRECTOR Sweeney-Phillips Funeral Home **ADDRESS** Warrensburg, Missouri **25. DATE RECD. BY LOCAL REG.** June 9, 1959 **26. REGISTRAR'S SIGNATURE** Savannah Crutchfield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ...Marvin D. Bailey.....

Licensed Embalmer No. 4.2.2.7.....

P. O. Address Warrensburg...Mo

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.