

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042579

VS NOV 29 1960

167

Primary Registration District No. 4256

Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JOHNSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CASS			
b. CITY (If outside corporate limits, give TOWNSHIP only) HOLDEN MISSOURI		Length of stay in 1b 9 DAYS		c. CITY OR TOWN PLEASANT HILL MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOLDEN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 715 LOCUST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BRIT J. CALDWELL				4. DATE OF DEATH Month Day Year NOV. 24 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/22/1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 10 Days 2	IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLAGMEN			10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC R.R.		11. BIRTHPLACE (City and state or country) MONETTE MO.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME WILLIAM CALDWELL			13b. MOTHER'S MAIDEN NAME GEORGIA ANN WORMINGTON		14. NAME OF HUSBAND OR WIFE ELLEN CALDWELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 704 12 4759		17. INFORMANT Mrs William Voyles Pleasant Hill 305 Clearview Dr. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 9 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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 11-15-60 to 11-24-60 and last saw him alive on 11-24-60 Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W.K. Bowden D.O.				22b. ADDRESS Pleasant Hill		22c. DATE SIGNED 11-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/27/60	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY		23d. LOCATION (City, town, or county) (State) PLEASANT HILL MO.		
24. FUNERAL DIRECTOR WALLACE FUNERAL HOME			ADDRESS MO.		25. DATE RECD. BY LOCAL REG. 11-27-60	26. REGISTRAR'S SIGNATURE Mrs. G.T. Redford	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James C. Waller

Licensed Embalmer No. 392

P. O. Address Pleasant

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