

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008322

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 293

**FILED MAR 27 1961**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>              |  | c. CITY OR TOWN <b>Springfield</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b> |  | d. STREET ADDRESS (If outside, give location) <b>2256 N. Howard</b>   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>CORA</b> Middle <b>CALDWELL</b> Last <b>CALDWELL</b> |  |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>23</b> Year <b>1961</b> |  |  |
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|                         |                                  |   |  |                                  |  |  |
|-------------------------|----------------------------------|---|--|----------------------------------|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11 March 1884</b> | 9. AGE (last birthday) <b>77</b> | IF UNDER 1 YEAR<br>Months <b>77</b> Days | IF UNDER 24 HR<br>Hours <b>77</b> Min. |
|-------------------------|----------------------------------|---|--|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|---|---|---|
| 13a. FATHER'S NAME<br><b>Perry Williams</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Alva Caldwell</b> |
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|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>No</b> | 17. INFORMANT<br><b>Alva Caldwell (Husband)</b> | Address <b>2256 N. Howard Springfield, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Artery - Renal Vascular Disease</b> |            | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) |                                  |
|  | DUE TO (c) |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.) |
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|--|
| 20c. TIME OF INJURY<br>Hour <b>2:55</b> a.m. Month, Day, Year <b>3/23/61</b> |
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|  |  |  |                         |                          |
|--|--|--|-------------------------|--------------------------|
| 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<br><b>Springfield, Missouri</b> | COUNTY<br><b>Greene</b> | STATE<br><b>Missouri</b> |
|--|--|--|-------------------------|--------------------------|

21. I attended the deceased from **1-1-61** to **3/23/61** and last saw her **alive** on **3/22/61**.  
Death occurred at **2:55** A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |   |                                    |
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| 22a. SIGNATURE<br><i>Therese [Signature]</i> (Degree or title) | 22b. ADDRESS<br><b>1715 Boonville Springfield, Missouri</b> | 22c. DATE SIGNED<br><b>3-24-61</b> |
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|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>3/25/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Mo.</b> |
|--|-----------------------------|---|--|

|  |                                    |  |   |
|--|------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC.</b> | ADDRESS<br><b>Springfield, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>3-24-61</b> | 26. REGISTRAR'S SIGNATURE<br><i>Offie E. Melton</i> |
|--|------------------------------------|--|---|

jhc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 11 1961

**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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address SPRINGFIELD 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.