

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9274

FILED MAR 24 1949

BIRTH NO. _____		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 4335		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON RURAL WILLOWFORK				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WILLOWFORK			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3 mi N.E. Tipton				d. STREET ADDRESS (If rural, give location) 3 mi N.E. TIPTON-MO			
3. NAME OF DECEASED (Type or Print) THERESA-CAROLINE-CALDWELL				4. DATE OF DEATH (Month) (Day) (Year) March 13-49			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-6-1858	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MORGAN-CO-MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WM-ROBERTSON		13b. MOTHER'S MAIDEN NAME CAROLINE-FARRIS		14. NAME OF HUSBAND OR WIFE (Deceased) JAMES-T-CALDWELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Elmer Caldwell ADDRESS Tipton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/20/1			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 3/8 , 1949, to 3/11 , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:55 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. F. Potts M.D. (Degree or title)				23b. ADDRESS Tipton Mo		23c. DATE SIGNED 3/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY 200 F Cemetery		24d. LOCATION (City, town, or county) (State) Tipton MO	
DATE REC'D BY LOCAL REG. Mar. 14, 1949		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		25. FUNERAL DIRECTOR'S SIGNATURE 203 J. J. Jewell ADDRESS Richard Tipton Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
MAR 23 1949
Date Filed

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address

Lipton, 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 this body is not embalmed, fact should be so stated above.