



NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N. J.

JULY 10, 1970
(Date)

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT

Merton Saybolt
State Registrar of Vital Statistics

James F. Cowan M.D.
State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

M5244

LOCAL FILE NUMBER			NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH			STATE FILE NUMBER		
						41121		
1. NAME OF DECEASED (Type or Print)	(First)		(Middle)		(Last)	2. Sex	3. DATE OF DEATH	
Ralph	Grant		Caldwell		Male	August 5, 1969		
4. Color or Race	5. Age (in yrs. last birthday)	If under 1 Yr. Months Days	If under 24 Hrs. Hours Min.	6. Date of Birth		7. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of serv.)		
Cauc.	85			Jan. 18, 1884		No		
8. Birthplace (State or foreign country)			9. Citizen of what country?			10. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>	11. Social Security No.	
Philadelphia, Pa.			U S A			Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	155-26-3869	
12. PLACE OF DEATH			13. USUAL RESIDENCE (If institution: residence before admission)					
a. County Mercer			a. State N. J. b. County Mercer					
b. City <input checked="" type="checkbox"/> Ewing (Check box and give name)			c. City <input checked="" type="checkbox"/> Ewing (West Trenton)					
Boro. <input type="checkbox"/>			Boro. <input type="checkbox"/>					
Twp. <input checked="" type="checkbox"/>			Twp. <input checked="" type="checkbox"/>					
c. Name of (If not in hospital or institution give street address)			d. Street Address (If rural, P.O. Address)					
Hospital or Institution 518 Grand Avenue			518 Grand Avenue					
14. a. Usual Occupation (Give kind of work done during most of working life, even if retired)			14. b. Kind of Business or Industry					
Retired Teacher			Education					
15. Father's Name			16. Mother's Maiden Name					
James H. Caldwell			Ruth					
17. Informant's Name and Address								
Mrs. Effie S. Caldwell, 518 Grand Ave., West Trenton, N. J.								
18. PART I DEATH WAS CAUSED BY						Approximate interval between onset and death		
Enter only one cause per line for (a), (b) and (c)								
Immediate Cause (a) Terminal pulmonary edema & myocardial infarction						2 hours		
Conditions, if any, which gave rise to above cause (b) Due to (b) Arteriosclerotic Heart Disease						8-9 years		
Underlying cause last (c) Due to (c) Senescent arteriosclerosis						8-10 years		
PART II OTHER SIGNIFICANT CONDITIONS						19a. Was autopsy performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	19b. If yes, were findings considered in determining cause of death? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Recent stroke syndrome								
20a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>	20b. Date and Hour of Injury	20c. How Injury Occurred (Enter nature of injury in Part I or II of Item 18.)						
to the best of my knowledge.								
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, examined) the deceased (from, on) 1/30 to 2/3/69 and last saw (him, her) alive on 3/3/69								
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. Attending Phys. <input checked="" type="checkbox"/> Med. Exam. <input type="checkbox"/> County Phys. <input type="checkbox"/>	22b. Address 504 Spruill Ave West Trenton, N. J.	22c. Date Signed 8/3/69						
Signature <i>W. Fred B. Christie, M.D.</i>								
23a. Burial, Cremation or Removal (Specify) Burial	23b. Cemetery or Crematory Name Ewing Church Cemetery	23c. Location City State						
Scotch Rd., Trenton, N. J.								
23d. Burial Date Mo. Day Yr. August 9, 1969	23e. Funeral Home Name Ivins & Taylor, Inc.	23f. Funeral Home Address 77 Prospect St., Trenton, N. J.						
24a. Funeral Director Signature	N. J. License No.	24b. Registrar Issuing Permit - Signature	24c. Date Rec'd by Local					