

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42054**

~~FILED~~ DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **4200** Registrar's No. **1146**

3901

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove	
c. LENGTH OF STAY (in this place) 21 yrs		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Part of Ash Grove			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Baldwin			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH August 1 1899		9. AGE (in years last birthday) 53 IF UNDER 1 YEAR: Months 4 Days 20 IF UNDER 24 HRS: Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Lawrenceburg Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Frank Jackson	13b. MOTHER'S MAIDEN NAME Nancy Jones	14. NAME OF HUSBAND OR WIFE W.H. Baldwin		
---	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 497-22-1227	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emory Baldwin ADDRESS Columbus Kansas		
--	--	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage			2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 174X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **10-15**, **1952**, to **12/21**, **1952**, that I last saw the deceased alive on **12-21**, **1952**, and that death occurred at **2:35** pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.F. Staugh, D.O.	23b. ADDRESS Ash Grove, Mo.	23c. DATE SIGNED 12-22-52
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24-1952	24c. NAME OF CEMETERY OR CREMATORY Ash Grove	24d. LOCATION (City, town, or county) (State) Ash Grove Missouri	
---	-------------------------------	---	---	--

DATE REC'D BY LOCAL REG. 12-23-52	REGISTRAR'S SIGNATURE Edith Williamson	S. FUNERAL DIRECTOR'S SIGNATURE W. Birch	ADDRESS Ash Grove Mo
--	---	---	-----------------------------

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 _____

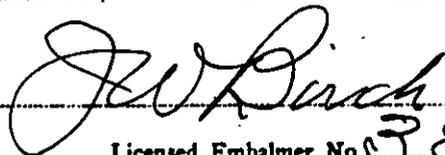
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. 3856

P. O. Address Ash Grove

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.