

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10239

State File No. _____

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1169

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 631 Byers Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) BALDWIN		4. DATE OF DEATH (Month) (Day) (Year) April 2, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 12, 1912
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist	11. BIRTHPLACE (State or foreign country) Joplin, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist		10b. KIND OF BUSINESS OR INDUSTRY Spencer Chem. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Oliver Baldwin		13b. MOTHER'S MAIDEN NAME Alice Laws	14. NAME OF HUSBAND OR WIFE Betty Baldwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Betty Baldwin ADDRESS 631 Byers Ave Joplin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma Carcinoma, Generalized Metastasis INTERVAL BETWEEN ONSET AND DEATH 5 mo ANTECEDENT CAUSES DUE TO (b) Primary lesion Inguinal 5 mo DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 190x	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Jan 53 - Melanoma carcinoma	
20. AUTOPSY? YES <input checked="" 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) _____		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 Nov , 1952, to 2 Apr , 1953, that I last saw the deceased alive on 2 Apr , 1953, and that death occurred at 9:25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert Y. Pausel (Degree or title) O.M.D.		23b. ADDRESS Galena, Kansas	
23c. DATE SIGNED 2 Apr 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 4, 1953	
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 4-4-53		REGISTRAR'S SIGNATURE Ed S. James 138	
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort. ADDRESS Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 4-13-53
Jasper County Health Office

County File Number 53/4/323
Date Filed 4-14-53

NOV 20 1953
JAN 19 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Cecil A. Shonk*

Signed.....
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.