

FILED DEC 15 1953

STANDARD CERTIFICATE OF DEATH

43413

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4247</u>		Registrar's No. <u>27177</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Carterville		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (in this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Carterville		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Carterville		d. STREET ADDRESS (If rural, give location) 420 West Daugherty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 420 West Daugherty St.				d. STREET ADDRESS (If rural, give location) 420 West Daugherty St.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Issac		b. (Middle) Franklin		c. (Last) Baldwin		Date (Month) (Day) (Year) Dec. 10, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 9, 1870	
9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		11. BIRTHPLACE (State or foreign country) Avilla, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Avilla, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Issac F. Baldwin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Sours, Siloam Springs, Ark.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>12-8</u> , 19 <u>53</u> , to <u>12-10-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-10-</u> , 19 <u>53</u> , and that death occurred at <u>3:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE W. W. Forbes				23b. ADDRESS 106 S. Main St., Webb City, Mo.		23c. DATE SIGNED 12-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City; Mo.	
DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Mrs. Madeline Surtz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnco-Simpson, Webb City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0490

0490

RECEIVED DEC 14 1953

Jasper County Health Office

County File Number 53-12-991

Date Filed DEC 14 1953

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.