

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16334

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 245

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| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> | | c. LENGTH OF STAY (In this place) <u>80X</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u> | | d. STREET ADDRESS (If rural, give location) <u>601 N. PENN</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ELIZABETH</u> | b. (Middle) <u>C</u> | c. (Last) <u>BALDWIN</u> | 4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>27</u> (Year) <u>1954</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MARCH 9, 1885</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u> | 11. BIRTHPLACE (State or foreign country) <u>ORONOGO, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>RICHARD R. STULTS</u> | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH McLAUGHIN</u> | 14. NAME OF HUSBAND OR WIFE <u>M. H. BALDWIN</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M. H. BALDWIN, WEBB CITY, MO</u> | ADDRESS |
|--|--|---|---------|

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| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cerebral embolism.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs.</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative hypotension</u> | | | <u>5 days</u> |
| | DUE TO (c) <u>Adenocarcinoma of ovary</u> | | | <u>9 mo.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u> | | | | |

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| 19a. DATE OF OPERATION <u>5-22-54</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Large adenocarcinoma of ovary</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 5-17, 19 54, to 5-27, 19 54, that I last saw the deceased alive on 5-26, 19 54, and that death occurred at 7:30 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Webb City, Mo.</u> | 23c. DATE SIGNED <u>5/27/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>5-29-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-29-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 1
Jasper County Health Office
County File Number 54-6-4
Date Filed JUN 1 19

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 Leonard J. Lewis Jr

Licensed Embalmer No. 4561

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.