

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021528
STATE FILE NUMBER

FILED JUL 9 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Riverton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hosp.		Length of stay in 1b 18 days	d. STREET ADDRESS % RAY FRAZIER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LA VINA Middle BALDWIN Last BALDWIN			4. DATE OF DEATH Month July Day 4 Year 1957		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1873	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY NICE			14. MOTHER'S MAIDEN NAME ELIZABETH KRATZ		
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.	17. INFORMANT Address Mrs RAY FRAZIER, Riverton, Kan.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Poisoning					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerotic Heart Disease					20 yrs
DUE TO (c) Senility					4200 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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		STATE
21. I attended the deceased from July 1955 to 4 July 57 and last saw her alive on 3 July 57 Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert Powell, M.D.			22b. ADDRESS Galena Kansas		22c. DATE SIGNED 5 July 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-7-1957	23c. NAME OF CEMETERY OR CREMATORY Clinton Cemetery		23d. LOCATION (City, town, or county) (State) Clinton Kansas
24. FUNERAL DIRECTOR Roy L. Deplatt		ADDRESS Galena Kan.	25. DATE RECD. BY LOCAL REG. July 5-1957	26. REGISTRAR'S SIGNATURE Nooe Merriano	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
Jasper County Health Office
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Date Filed 8-19-57

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
Signature of Student Embalmer

Signed *Ray L. Diefelt*

Licensed Embalmer No. 49

P. O. Address *Helena*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.