

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044584

STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 601

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-57

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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, give TOWNSHIP only) OR TOWN <u>Joplin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Joplin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns</u> | | Length of stay in 1b <u>48 years</u> | d. STREET ADDRESS <u>2406 Empire</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Aloysius</u> Last <u>Baine</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>15</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 25, 1958</u> | 9. AGE (In years birthday) <u>79</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Deputy Sheriff</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Waterproof, La.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Baine</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary McDonald</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace Baine</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>Yes Spanish American</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Grace Baine</u> | | Address <u>2406 Empire</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>Renal Failure</u> | | | | | <u>4 days</u> |
| DUE TO (c) <u>Acute pneumonia</u> | | | | | <u>7 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>493x</u> | | | | | 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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u> | | | | | |
| 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 COUNTY STATE | | | |
| 21. I attended the deceased from <u>12.8.58</u> to <u>12.15.58</u> and last saw her alive on <u>12.14.58</u> Death occurred at <u>1:55 AM</u> <u>1:55 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>J. Schoeber MD</u> | | | 22b. ADDRESS <u>Joplin Mo</u> | | 22c. DATE SIGNED <u>12.17.58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 17, 1958</u> | 23c. NAME OF CEMETERY OR CREMATOR <u>Ozark Memorial</u> | 23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Thornhill-Dillon</u> | | ADDRESS <u>Joplin, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>12-23-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Nooe Merriam</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert C. Roller*

Licensed Embalmer No. *5062*

P. O. Address *Jayalio, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.