

Baldwin

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000789

STATE FILE NUMBER

FILED JAN 22 1959

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 15

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett Mo. 03520</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>200 Anthony St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Virginia</u> Last <u>Anthony</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>14-</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 26- 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	9. AGE (In years last birthday) <u>88</u>
11. BIRTHPLACE (City and state or country) <u>Darden Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.W. Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. XX</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Beatrice Loyd</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>Mania</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>General Arterial Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>3 years</u> <u>10 years</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.) <u>—</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>Jan. 1 1958</u> to <u>Jan 14- 59</u> and last saw her alive on <u>Jan. 14 1959</u> Death occurred at <u>2.00 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carl Baldwin</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Kennett Mo.</u>	
22c. DATE SIGNED <u>1-15-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1-16-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kennett Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Lentz Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 15-1959</u>	
ADDRESS <u>Kennett Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEPARTMENT
COUNTY FILE NUMBER 159-22

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 *Edgar Lee Stearns*

Licensed Embalmer No. 4433

P. O. Address ... Kennett 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.