Health, Welfare Public Service

300 D -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001091
STATE FILE NUMBER

JAN 19 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN: Clinton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton General — Length of stay in 1b: 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton 0422 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 302 W. Mill St — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ella; Middle: ; Last: Baldwin

4. DATE OF DEATH: Month: Jan; Day: 12; Year: 1959

5. SEX: Female 3

6. COLOR OR RACE: negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb 3. 1878

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months: ; Days: — IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Freeman, Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Balls

13b. MOTHER'S MAIDEN NAME: Mahilda Thomas

14. NAME OF HUSBAND OR WIFE: Lee Baldwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Kenneth Hall — Address: Clinton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 7 days.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour: a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1/6/59 to 1/12/59 and last saw her/him alive on 1/11/59
Death occurred at 3:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. R. S. Hollingsworth M.D.

22b. ADDRESS: Clinton Mo.

22c. DATE SIGNED: 1/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 14 Jan 1959

23c. NAME OF CEMETERY OR CREMATORY: Antioch cemetery

23d. LOCATION (City, town, or county) (State): Clinton, Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman & Dunning Clinton, Mo

25. DATE RECD. BY LOCAL REG.: 1-15-59

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 L. Dunn...

Licensed Embalmer No. 471...

P. O. Address Clemson...

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.