

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26073
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Lincoln</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>WARSAW RR I</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS <u>(Windsey Township)</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>MELINDA</u> c. (Last) <u>BALDWIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20, 1949</u>		
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>June 15, 1897</u>		9. AGE (In years last birthday) <u>72</u>		if OVER 1 YEAR Months <u>2</u> Days <u>5</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>CLARK Smather</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha Smather</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis T BALDWIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis T. Baldwin</u>	
				ADDRESS <u>Warsaw</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Myocarditis-Chronic-Not of Rheumatic origin</u> <u>Arterio-Sclerosis-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs from first attack</u> <u>16 yrs -</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 1922, to Aug, 1949, that I last saw the deceased alive on Aug 19, 1949 and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James Logan M.D.</u>		(Degree or title)		23b. ADDRESS <u>Warsaw Mo.</u>		23c. DATE SIGNED <u>Aug 21 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT PLEASANT</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County MO</u>	
DATE REC'D BY LOCAL REG. <u>8-24-49</u>		REGISTRAR'S SIGNATURE <u>E. W. Eickhoff</u>		394 F. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Bean</u>		ADDRESS <u>Warsaw</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 1-49-1040

Date Filed 8-30-49

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.

Signed _____

John J. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.