

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37402

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage 0493	
c. LENGTH OF STAY (In this place) 12 Days		d. STREET ADDRESS (If rural, give location) 511 E. Central Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			
3. NAME OF DECEASED a. (First) Annabelle b. (Middle) - - c. (Last) BALDWIN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1917
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Rocky Ford, Colo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME L. M. McCreery		13b. MOTHER'S MAIDEN NAME Zora Esther Giles	14. NAME OF HUSBAND OR WIFE Marion Baldwin
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. 492 28 7708	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Marion Baldwin 511 E. Central Carthage, Mo.
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.		MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) Adrenal cortical failure INTERVAL BETWEEN ONSET AND DEATH 10 to 12 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acromegaly Diabetes mellitus DUE TO (c) Chronic nephritis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes Mellitus Chronic nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 21, 1950, to Nov 4, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 12:45 m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 201 W. Third Carthage, Mo.	
23c. DATE SIGNED 11/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-8-1950	
24c. NAME OF CEMETERY OR CREMATORY La Junta Cem.		24d. LOCATION (City, town, or county) (State) La Junta, Colo.	
DATE REC'D BY LOCAL REG. 11-7-50		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Ulmer Funeral Home Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 11-14-50
Jasper County Health Office

County File Number 50-11-82A

Date Filed 11-14-50

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 Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.