

FILED APR 10 1951

STANDARD CERTIFICATE OF DEATH

State File No.

9550

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5923</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Longwood</u> c. LENGTH OF STAY (In this place) <u>4 years</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>16 miles N. Sedalia</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0800 Rural, Longwood township</u> d. STREET ADDRESS (If rural, give location) <u>16 miles N. Sedalia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathryn</u> b. (Middle) <u>Baldwin</u> c. (Last) <u>Baldwin</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>1</u> (Year) <u>1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 19, 1869</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> Hours <u>12</u> Min. <u>12</u>	
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>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kearney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eliza Hinton</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Kearney, Houstonia, Mo.</u> ADDRESS <u>-----</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobular Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-----</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>-----</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		491X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-----</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-----</u>					
22. I hereby certify that I attended the deceased from <u>Mar 3</u> , 19 <u>51</u> , to <u>apr 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>apr 1</u> , 19 <u>51</u> , and that death occurred at <u>12:50 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John M. Lewis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Houstonia rfd 1 MO</u>		23c. DATE SIGNED <u>4-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kearney cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pettis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-51</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS-MARSHALL-Mo.</u> ADDRESS <u>-----</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-9-51 _____

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 4709

P. O. Address Marshall 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 this body is not embalmed, fact should be so stated above.