

FILED APR 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9565

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BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		d. STREET ADDRESS (If rural, give location) No. 40 Highway 66 West	

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) JANE c. (Last) BALDWIN			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10, 1864	9. AGE (In years last birthday) 86	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 xx	11. BIRTHPLACE (State or foreign country) Rosine Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Liles		13b. MOTHER'S MAIDEN NAME Suporah Kendall		14. NAME OF HUSBAND OR WIFE Wm. Mitchell Baldwin, (Dec).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry E. Baldwin, Marion Ill.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary artery disease & acute failure</i>		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Virus pneumonia (past 3 wks)</i>		

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) m.	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 Jan 15, 1951, to 3-27-1951, that I last saw the deceased alive on 3-27, 1951, and that death occurred at 5:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Ferid M.D. (Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 3-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 28 1951	24c. NAME OF CEMETERY OR CREMATORY Beaver Dam Cemetery	24d. LOCATION (City, town, or county) (State) Beaver Dam Kentucky
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DATE REC'D BY LOCAL REG. Mar 29, 1951	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed April 3, 1951

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.

Student Embalmer No.

Signed Paul E. Null

Signed.....

Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.