

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19949**

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived: If institution? residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dallis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dallis Township</u>	
c. LENGTH OF STAY (In this place) <u>65 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/4 Mile S of Martinsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/4 Mile So Martinsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Robins</u> c. (Last) <u>Baldwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov 27 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>6</u>	11. DAYS <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmers House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>John R. Robins</u>	
13b. MOTHER'S MAIDEN NAME <u>Hanna Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Wilson C. Baldwin Deceas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.D. Ross</u> ADDRESS <u>Bethany Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Myocardiodegeneration</u> ANTECEDENT CAUSES <u>Diagnose of Coronary Arteries</u> Morbidity 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 <u>4201</u>	
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) (Min.)		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 <u>6-9</u> 19 <u>51</u> , to <u>6-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-26</u> , 19 <u>51</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. S. Boyles M.D.</u>		23b. ADDRESS <u>Bethany Mo</u>	
23c. DATE SIGNED <u>6-28-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 28 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Nolle & son New Hampton Mo</u>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <u>June 29-51</u>	
REGISTRAR'S SIGNATURE <u>Zola Burris</u>		116	

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

3410



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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.