FILED AUG 31 1951

No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26673

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Harrison 0411
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethany
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1101 Miller Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethany 0411
d. STREET ADDRESS (If rural, give location) 1101 Miller Street

3. NAME OF DECEASED (Type or Print)
a. (First) Rilda b. (Middle) Phoebe c. (Last) Baldwin

4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1951

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W

8. DATE OF BIRTH Oct 28 1882 **9. AGE** (In years last birthday) 68 IF UNDER 1 YEAR: Months 9 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Ellis County Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edwin Roberts
13b. MOTHER'S MAIDEN NAME Sarah Cale
14. NAME OF HUSBAND OR WIFE C H Baldwin Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Doris Redman ADDRESS Bethany 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 8-14-51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon — 3 mo.
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 153 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1951, *to* Aug 16, 1951, *that I last saw the deceased alive on* Aug 16, 1951, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Gellert M. Thorson (Degree or title) DO
23b. ADDRESS Bethany, Mo
23c. DATE SIGNED 8-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE Aug 18 1951
24c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery
24d. LOCATION (City, town, or county) (State) Martinsville MO

DATE REC'D BY LOCAL REG. Aug 20 '51
REGISTRAR'S SIGNATURE Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE W G Noble & Son ADDRESS New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT
HEALTH OFFICE
CAMBRIDGE, MD.

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 G Noble

Licensed Embalmer No 2904

P. O. Address New Hampton Md

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.