

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5808

State File No.

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4236 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Monroe County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday Rural		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday Rural <u>0690</u>	
f. STREET ADDRESS 7 miles north			
3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) MAE c. (Last) BALDWIN			4. DATE OF DEATH (Month) (Day) (Year) 2-26-1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-31-1887
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 5 Days 25	11. UNDER 48 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 Same	11. BIRTHPLACE (State or foreign country) Monroe county, Mo. ✓
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Eliza Atterberry		13b. MOTHER'S MAIDEN NAME Sarah F. Weatherford Vane Baldwin	14. NAME OF HUSBAND OR WIFE Vane 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. X	17. INFORMANT'S SIGNATURE OR NAME Vane Baldwin, Holliday, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with disease 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 443X	
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)		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>Feb 13, 1952</u> to <u>Feb 26, 1952</u> , that I last saw the deceased alive on <u>Feb 26, 1952</u> , and that death occurred at <u>6:45 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph H. Tomei, D.O. (Degree or title)		23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED 2/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-1952	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
DATE REC'D BY LOCAL REG. 2-29-52		REGISTRAR'S SIGNATURE Anne M. Buedel <u>437-2</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Barkeley & Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

W. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address. *Stellingsma - 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.