

LED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21807

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs-Rural Sniabar</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles South East 70¹</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sani-Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>Anna</u> c. (Last) <u>Baldus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1953</u>					
5. SEX <u>F M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 1st 1883</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 WEEKS Hours <u>0</u> Min. <u>0</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		11. BIRTHPLACE (State or foreign country) <u>Atherton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Noah Lentz</u>			13b. MOTHER'S MAIDEN NAME <u>Kirby</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Baldus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>***----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Baldus Blue Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerular Nephritis</u>				<u>10 years</u>				
ANTECEDENT CAUSES Morbid 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. <u>Generalized arteriosclerosis</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>				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) (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>5/11</u> , 19 <u>53</u> , to <u>6/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/2</u> , 19 <u>53</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. B. Hutton M.D.</u>				23b. ADDRESS <u>310 1/2 Main Independence</u>		23c. DATE SIGNED <u>6/3/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-8-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Blue Springs Mo</u>				

354-0 (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.....
Student Embalmer

Signed.....

R. B. Webb

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.