

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

14745

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 133	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		d. STREET ADDRESS (If rural, give location) 704 S. Cottage Grove <span style="float: right;">0013 0</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) MARY b. (Middle) ETHEL c. (Last) Baldwin			
4. DATE OF DEATH (Month) (Day) (Year) May 16 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 2, 1892		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Days 9		IF UNDER 12 MONTHS Hours 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bevier, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME James D. Bibb		13b. MOTHER'S MAIDEN NAME Mary A. Lewis	
14. NAME OF HUSBAND OR WIFE Porter Baldwin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Porter Baldwin				ADDRESS Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Peritoneal Fibrosarcoma</i> INTERVAL BETWEEN ONSET AND DEATH <i>MAY 5-54</i> 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. <i>197X</i>					
19a. DATE OF OPERATION MAY 5 1954		19b. MAJOR FINDINGS OF OPERATION <i>Fibrosarcoma</i>				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 <i>MAY 1</i> , 1953, to <i>5-16</i> , 1954, that I last saw the deceased alive on <i>5-16</i> , 1954, and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. H. Martin D.O.</i>				23b. ADDRESS <i>Kirksville TN</i>		23c. DATE SIGNED <i>5-21-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-1954		24c. NAME OF CEMETERY OR CREMATORY Bloomington		24d. LOCATION (City, town, or county) (State) Macon Co. Missouri	
DATE REC'D BY LOCAL REG. 5-24-54		REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. Lester Bann</i>		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

2011

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.....

*R. L. Linn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address *Waco, 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.