

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26895

State File No.

No. 300
10-48

FILED JAN 30 1954

Aug.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 790-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. R. 1 Bois D' Arc</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. R. 1 Bois D' Arc.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>MAE</u> c. (Last) <u>BALDWIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 13, 1892</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Barton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. IF UNDER 24 HRS. Hours Min.	
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 <u>Home</u>			

13a. FATHER'S NAME <u>Lemuel D. Runyan</u>		13b. MOTHER'S MAIDEN NAME <u>Lenora Harner</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Baldwin</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Baldwin-Bois D'Arc, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensating heart</u>		DUPLICATE OF (a) <u>Arteriosclerosis</u>			<u>1 years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) <u>Hepatitis</u>			<u>Periodically</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatism</u>					<u>2 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 5-9-48, 19 , to 8-16-54, 19 , that I last saw the deceased alive on 8-14-54, 19 , and that death occurred at 9:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Felker M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		23c. DATE SIGNED <u>8-17-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chanel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-23-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brinn - Daniel - Ash Grove - Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

EMC 80

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Doyle L. Samuel

Licensed Embalmer No. _____

4702

P. O. Address _____

Rob. Bruce, 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.