No. 300
10.48

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

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4621

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 804

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Miami
c. CITY OR TOWN Paola
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location) 2 Miller st.

8158

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

4. DATE OF DEATH (Month) (Day) (Year) Feb 21, 1955

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Oct 27, 1877 **9. AGE** (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCER
10b. KIND OF BUSINESS OR INDUSTRY PAOLA, KANSAS
11. BIRTHPLACE (City and State or Foreign Country) BRASHEAR MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN BALDWIN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND OR~~ WIFE MRS. CORA BALDWIN

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 WILLIAM BALDWIN ADDRESS OSAWATOMIE KAS.

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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, uremia — 6 days
DUE TO (c) Coronary occlusion — 334 X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary occlusion — 10 days

19a. DATE OF OPERATION 2/4/55
19b. MAJOR FINDINGS OF OPERATION Left sliding hernia & urinary bladder
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* 2/1, 1955, *to* 2/21, 1955, *that I last saw the deceased alive on* 2/21, 1955 *and that death occurred at* 4:05 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE C.B. Shutz (Degree or title) M.D.
23b. ADDRESS 330 W 47th St.
23c. DATE SIGNED 2/21/55

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL
24b. DATE FEB 23 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~ HIGHLAND PARK CEM.
24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS

DATE REC'D BY LOCAL REG. 2-22-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons
ADDRESS 1337 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 481

P. O. Address Kansa

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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