

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21913

FILED JUL 25 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Smith</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 hrs.</u>	
c. CITY OR TOWN <u>Lebanon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 East Ohio</u>		STREET ADDRESS (If rural, give location) <u>Rural Rt 1</u> <u>875 8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLIVE</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>BALDWIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1955</u>
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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>Jan. 10, 1874</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>38</u>	Hours <u>-</u>	Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, but if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
<u>Housewife</u>	<u>Housewife</u>	<u>Escuela Iowa</u>	<u>USA</u>

13. FATHER'S NAME <u>Samuel A. Seachrist</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Black</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Baldwin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. McMahon</u>	ADDRESS <u>Clinton Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	DUE TO (c) <u>4201</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to 7-8, 1955 that I last saw the deceased alive on DO 7-8 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Powell (Coroner) M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>7-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Smith Center, Kans.</u>
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DATE REC'D BY LOCAL REG. <u>7-9-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKINSON FUNERAL HOME</u>	ADDRESS <u>Clinton Mo.</u>
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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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P.O. Address Clinton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.