

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

4154

STATE FILE NUMBER

Registration District No. 93

Primary Registration District No. 5340

Registrar's No. 57-12

Health,
Welfare
Public
Service

0290

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smith TWP Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Greenfield Mo 0290 Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mithell Nursing Home Length of stay in 1b 3wks		d. STREET ADDRESS (If outside, give location) Maple St Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type of print) First Middle Last Bertie Baldwin		4. DATE OF DEATH Month Day Year Jan 30 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Dec 19 1883
9. AGE (In years last birthday) 13		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House Wife		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Dade Co Mo. 2		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Levi Johnson		14. MOTHER'S MAIDEN NAME Katherine Torrance	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address Frank Baldwin So. Greenfield Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Gangrene Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 months 5 years
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 4-1-56 to 1-30-57 and last saw her alive on 1-3-57 Death occurred at 6:30pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lee A McNeel MD		22b. ADDRESS Greenfield Mo.	
22c. DATE SIGNED Feb 2, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Pennsboro	23d. LOCATION (City, town, or county) (State) Dade Co Mo.
24. FUNERAL DIRECTOR ADDRESS W. R. Allison Greenfield Mo.		25. DATE RECD. BY LOCAL REG. 2-9-57	26. REGISTRAR'S SIGNATURE J. C. Canada

(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 embalmed by me, or by; Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison.....

Licensed Embalmer No. 44

P. O. Address Greenville

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.