

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-034619

FILED VS SEP 20 1960

4531

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>35 years</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2910 TRACY AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>LUCINDA</b> Last <b>BALDWIN</b>			4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>2</b> Year <b>1960</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10/5/98</b>	9. AGE (last birthday) <b>61 Years</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SAFE DEPOSIT CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KANSAS CITY TRUST CO., 18th &amp; MAIN</b>	11. BIRTHPLACE (City and state or country) <b>LIBERTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>R S. WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>SADIE MARTIN</b>		14. NAME OF HUSBAND OR WIFE <b>GUY BALDWIN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>487-03-7562</b>	17. INFORMANT <b>JARROTT M. WILLIAMS</b> Address <b>212 East 99th St. Kansas City, Mo.</b>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Larynx of pelvis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Carcinomatosis of abdominal cavity 5 mo.**

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Staph. aureus Coag. positive septicemia**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	

21. I attended the deceased from **May 1960** to **Sept 2, 1960** and last saw her/him alive on **Sept 2, 1960**.  
Death occurred at **St. Lukes Hosp.** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>B. Schutz</b> (Degree or title)		22b. ADDRESS <b>330 W. 47th</b>		22c. DATE SIGNED <b>9/5/60</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT. 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>LIBERTY, MISSOURI</b>		
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24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BRUSH CREEK BLVD.</b>		25. DATE RECD. BY LOCAL REG. <b>9-6-60</b>	26. REGISTRAR'S SIGNATURE <b>H. S. Dwyer</b>		
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DOCUMENT  
MEDICAL CERTIFICATION  
B. Schutz  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. C. H. [Signature]*

Licensed Embalmer No. 4137  
*[Signature]*  
Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.