

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023905

STATE FILE NUMBER

AMENDED

FILED AUG 15 1961 Primary Registration District No. 3002 Registrar's No. 172

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLATSOP</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEXICO</u>		c. CITY OR TOWN <u>HIGH HILL</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Allen Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>High Hill</u>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>F</u> Last <u>BALDWIN</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>2</u> Year <u>61</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-75</u>
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>Lewisville Mo</u>	
11. BIRTHPLACE (City and state or country) <u>Lewisville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Fleener</u>		13b. MOTHER'S MAIDEN NAME <u>Drucilla Murphy</u>	
14. NAME OF HUSBAND OR WIFE <u>Betty Gibson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>414-05-0736 D</u>		17. INFORMANT <u>Betty Gibson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Infarction of eye.</u> DUE TO (b) <u>Infarction of eye.</u> DUE TO (c) <u>Infarction of eye.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <u>5:20 p.</u> Month, Day, Year <u>3-17-61</u>	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.) <u>3-17-61</u>		20f. CITY, TOWN, OR LOCATION <u>8-2-61</u>	
20g. COUNTY <u>3-17-61</u>		20h. STATE <u>3-17-61</u>	
21. I attended the deceased from <u>3-17-61</u> to <u>8-2-61</u> and last saw her alive on <u>3-17-61</u> Death occurred at <u>5:20 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Dr. Kallenbach MD</u>	
22b. ADDRESS <u>Mexico, Mo</u>		22c. DATE SIGNED <u>Aug 9/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-5-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	
23d. LOCATION (City, town, or county) <u>Jonesburg Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Carl A Harding</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 5-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		27. ADDRESS <u>Jonesburg Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1961

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 Carl A. Harden

Licensed Embalmer No. 4115

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