

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025021

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3042

STATE FILE NUMBER

AMENDED

JUL 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl H. Reitz

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 36 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4004 Agnes St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUTH Middle ELLA Last BALDWIN			4. DATE OF DEATH Month June Day 19 Year 1961
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-08 9. AGE (last birthday) 52 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Linn, Kansas 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Walter E. Edington		13b. MOTHER'S MAIDEN NAME Ella M. Troup	14. NAME OF HUSBAND OR WIFE Lawrence W. Baldwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xxx		17. INFORMANT Address Lawrence Baldwin, 4004 Agnes	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) Multiple Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs. 33 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fibrotic Ulcerative Cystitis - Ulcerative Colitis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 3:25 A.M. Month, Day, Year 6/19/61	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 6/18/61 COUNTY STATE
21. I attended the deceased from 5/8/59 to 6/19/61 and last saw her/him alive on 6/18/61 . Death occurred at 3:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl H. Reitz M.D.		22b. ADDRESS 7329 Broadway	22c. DATE SIGNED 6/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-61	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS WAGNER FUNERAL HOME, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 6-19-61	26. REGISTRAR'S SIGNATURE Reitz Long

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 Arvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.