| M | 15500 | וט ואנ | VI3 | Figure of Health – Standard Certificate of Death $=62-042$ | 21 .09 |
|-------------------------------|---|-----------|------------|--|---|
| DO NOT WRITE | AME | NDED | i R | egistration District No. 93 Primary Registration District No. Registrar's No. 62-65 STATE FILE NO. | UMBER |
| ON THIS STUB | | | | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: | Pesidence before |
| VS 300 | | | • | a. COUNTY Dade a. STATE Mo. b. COUNTY Dade | admission) |
| Rev. 4/59 | | | _ | b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY | Inside Limits |
| 1-060 | AM | | _ | town Greentield 23yrs town Greentield | Yes No 🗆 |
| 0290 | DATE AMENDED | | ŀ | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Church of Christ Yes BNO Martin @ Garrett | Reside on Farm |
| 20290 | <u> </u> | | = | NAME OF DECEASED First Middle Last 4. DATE Month Day | Year |
| 3. | | | | (Type or print) Martha Ellen Baldwin DEATH Nov. 4, | 1962 |
| . 4 1 | | | | SEX 6. COLOR OR RACE 7. Merried Never Married 8. DATE OF BIRTH 9. AGE (lest birthdey) IF UNDER I YEAR Widowed IS Divorced A p. (1877) 05 Months Days | R IF UNDER 24 HR Hours Min. |
| 5 2 | | | | Permate VVIICE Inpr. 0, 10771 85 | WHAT COUNTRY |
| 6 | g | | | during most of working life, even if refired) Home Dade County. Mo. U.S. | A |
| 7 0 | CELCY | | 13 | 6. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND GR-WHFE | |
| 8 01 | 2 | | l - | Bartley tox Joan Green Thomas Lee Ba was deceased even in u.s. armed forces? 16. social security no. 17. Informant Address Re | |
| 94201 | ₹ | | | es, no, or unknown) (If yes, give war or dates of service) None Jess L. Baldwin: Greenfie | eld Mo |
| 10 | ARE | Į | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). | NTERVAL BETWEEN |
| | 황 | OME | | IMMEDIATE CAUSE (a) Probable Coronary Occlusion | Sudden |
| | EAD A | DOCUMEN | | Conditions, if any,) DUE TO (b) | shilo at- |
| 127/-0 | الكام | | | which gave rise to above cause (a), | inding |
| 13/-0 | ΞZ | | | stating the under- lying cause last. DUE TO (c) | wich_ |
| | 5 | | Š | | was female was ancy in last 90 days. |
| 914 | | | F. C. | Using TT. | 1. |
| NO. | Z | | CERTIFICAT | 19. WAS AUTOPSY 20a. ACCIDENT STORE HOME TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? YES NO. | l of item 18.) |
| | | | WEDICAL | 20c. TIME OF Hour Month, Day, Year INJURY a.m. | |
| | ` | | MEC | p.m. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY | STATE |
| | | | | WHILE AT WORK [] farm, factory, street, office bldg., etc.) | VIAIL |
| ¥#R¥ | READ | | | 21. Kriskolik & & San Krisk XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXX |
| <u> </u> | | | | Death occurred at 11:00 .m on the date stated above, and to the best of my knowledge, from the co | causes stated. |
| USE BLACI OR TYPEWRITER | SHOULD | 9 | | Degree or jure) 22b. ADDRESS | 22c. DATE SIGNED |
| 1 | ŝ | <u></u> | | in Gerial, Cremation, 23b. Date 23c. NAME OF CEMPTERY OF CREMATORY 23d. LOCATION (City), 1941, or county) | Nov. 12, 62 |
| J | ON O | AFFIDAVIT | – | Burial Nov. 6, 1962 Greenfield Cem. Greenfield. N | Mo. |
| <u>.</u> ય | ITEM | BY AF | 24 | FUNERAL DIRECTOR SADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | 7 |
| ם | = | 6 | ! | (Licensed Embelmer's Statement on Reverse Side) | <u>u</u> |
| | | | | The full distance and an interest and intere | |

E361 8 NAL

STATEMENT BY LICENSED EMBALMER

| or by | , Student Embalmer No |
|--|--|
| working under my personal supervision. | Signed C. Canada |
| Signature of Student Embalmer | Licensed Embalmen No. 4/96 P. O. Address Newfield, Na |

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.