

Dr. Cain

36820

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 102

1. PLACE OF DEATH: 2

(a) County Missouri

(b) City or town Cauthersville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 15th & West St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Missouri

(c) City or town Cauthersville  
(If outside city or town limits, write "RURAL")

(d) Street No. 15th & West  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Robert Baldwin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9-22-1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business 1

MOTHER FATHER

12. Name Wes Baldwin

13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wes Baldwin

(b) Address Cauthersville Mo.

17. (a) Burial (b) Date thereof 10-15-1959  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Judge Center

18. (a) Signature of funeral director H. G. Smith

(b) Address Cauthersville Mo.

19. (a) Oct. 23, 1959 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12  
year 39 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Sept 28  
1959 to Oct 10 1959  
that I last saw him alive on Oct 10 1959  
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Liver 6 wks  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Cain (M. D. or other) \_\_\_\_\_

Address Cauthersville Mo. Date signed Oct 14/59

WRITE PLAINLY—USE UNWRAPPING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1891

RECEIVED

District Health Officer No. 3,

District File Number 1139-641

Date Filed 11/7/39

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Caruthersville 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 this body is not embalmed, above space should be left blank.**