

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25863

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR Nevada TOWN Nevada		c. LENGTH OF STAY (in this place) 1 hr	
c. CITY (If outside corporate limits, write RURAL and give township) OR Eldorado Springs TOWN Eldorado Springs		d. STREET ADDRESS (If rural, give location) 607 North Main	
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) L. c. (Last) BALDWIN		4. DATE OF DEATH (Month) (Day) (Year) July 29, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1918
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months - Days -	IF UNDER 2 WEEKS Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Oil	11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Baldwin	
13b. MOTHER'S MAIDEN NAME Ruby Chandler		14. NAME OF HUSBAND OR WIFE Georgia Baldwin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 494-18-3166	
17. INFORMANT'S SIGNATURE OR NAME Henry Baldwin		ADDRESS Eldorado Springs, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture and Fracture of Cervical Vertebrae with Spinal Cord Injury DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs 28224 7, 21		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29 1949 7 pm	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gasoline Transport Turned over	
22. I hereby certify that I attended the deceased from 29 July, 1949 , to — , 19 — , that I last saw the deceased alive on 29 July, 1949 , and that death occurred at 5:28 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Royal Pearson M.D.		23b. ADDRESS More Bldg Nevada Mo	
23c. DATE SIGNED 1 Aug 49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	
24d. LOCATION (City, town, or county) (State) Vernon County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd E. Carothers	
DATE REC'D BY LOCAL REG. Aug. 1, 1949		REGISTRAR'S SIGNATURE Ruth H. Yancy	
ADDRESS Eldorado Springs, Missouri		Licensed Embalmer's Statement on Reverse Side	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 22 1949

RECEIVED

District Health Officer No. 7

District File Number 7-49-943

Date Filed 8-5-49

SEP 2 1949

JUN 8 1950

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.

Signed _____

Floyd E. Carothers

Licensed Embalmer No. 419

P. O. Address _____

Edwards Spring

Signed _____
Student Embalmer

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, fact should be so stated above.