

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23865

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 3376		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Jefferson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto c. LENGTH OF STAY (in the place) 30 years d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL Route #1 De Soto				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto d. STREET ADDRESS (If rural give location) RURAL Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) D c. (Last) BALDWIN				4. DATE OF DEATH (Month) (Day) (Year) July 12 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 24, 1880	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hammond Baldwin		13b. MOTHER'S MAIDEN NAME Elizabeth Burge		14. NAME OF HUSBAND OR WIFE Martha Baldwin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. D. Baldwin			
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STRANGULATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Jefferson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 12 1950		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to July 12, 1950 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Marshall M. Brown				23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 7/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15-50		24c. NAME OF CEMETERY OR CREMATORY Woodman Park		24d. LOCATION (City, town, or county) (State) De Soto Mo	
DATE REC'D BY LOCAL REG. 7-17-50		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. Dietrich De Soto Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-18-50

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
Student Embalmer

Signed _____

Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address State 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, fact should be so stated above.