

FILED AUG 11 1950 STANDARD CERTIFICATE OF DEATH

State File No. 24124

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 5808		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Montgomery City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Jonesburg</u>				c. CITY OR TOWN <u>Jefferson City</u> 1264			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>From St. Louis</u>				d. STREET ADDRESS <u>600 Maine</u>			
3. NAME OF DECEASED (Type or Print) <u>Leona</u>		a. (First) <u>Vivian</u>		b. (Middle) <u>Baldwin</u>		c. (Last)	
4. DATE OF DEATH <u>July 30 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 6 - 1920</u>		9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Starling T. Burkett</u>		13b. MOTHER'S MAIDEN NAME <u>Mable Martin</u>		14. NAME OF HUSBAND OR WIFE <u>William W. Baldwin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Starling T. Burkett</u> ADDRESS <u>Ashland, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound Fracture Frontal Bones Skull</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Traumatic injury</u> DUE TO (c) <u>auto-truck trailer collision</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jonesburg Montgomery MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July - 30 - 1950 640 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-truck trailer collision</u>			
22. I hereby certify that I attended the deceased from <u>30 July</u> , 1950, to <u>30 July</u> , 1950, that I last saw the deceased alive on <u>30 July</u> , 1950, and that death occurred at <u>640 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clement W. Linnert DDS</u> (Degree or title)				23b. ADDRESS <u>Montgomery City MO</u>		23c. DATE SIGNED <u>30 July 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County</u>	
DATE REC'D BY LOCAL REG. <u>Aug 2 - 50</u>		REGISTRAR'S SIGNATURE <u>Miss May Miller</u> 206		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl A. Harding</u> ADDRESS <u>Jonesburg MO</u>			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG - 1950

RECEIVED

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4115

P. O. Address Jonesburg

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.