

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36285

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Poplar bluff Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mat</u> b. (Middle) <u>Bronough</u> c. (Last) <u>Baldwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 3 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1 1876</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky /</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Louis Baldwin</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Bronough</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tom Sigman Dell Arkansas</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Strangulated direct, mesenteric hernia with resultant necrosis</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>A small bowel and mesenteric thrombosis</u> DUE TO (c) <u>morbid when first seen.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>As above - Released & strangulated</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5605</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11-3</u> , 19 <u>50</u> , to <u>11-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>50</u> , and that death occurred at <u>10:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold Oldemickson MD</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>11-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Violet</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Arkansas</u>
DATE REC'D BY LOCAL REG. <u>Nov 13 1950</u>	REGISTRAR'S SIGNATURE <u>Wm A Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Funeral Home Inc</u> ADDRESS <u>Blytheville Ark</u>

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

RECEIVED

NOV 20 1950

BUTLER CO. HEALTH CENTER

FILE No. 1150-~~1234~~⁷⁶⁷

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 _____

John German Of ~~St. Louis~~ Hayti Mo

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John W German

Signed _____
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.