

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37713

State File No. 4313

Registrar's No. 13

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 214		State File No. 4313		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>				c. LENGTH OF STAY (in this place) <u>one yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0619</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Everett</u> c. (Last) <u>Baldwin</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-8-1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>June 22-1895</u>		9. AGE (In years last birthday) <u>95</u> 4 <u>16</u> Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ranch</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Guysville Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Abenson Baldwin</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Baldwin (dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Williams</u> ADDRESS <u>Elmer, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral embolism</u> ANTECEDENT CAUSES Morbidity 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. <u>3.3 2A</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		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 <u>Nov. 6</u> , 19 <u>50</u> , to <u>Nov 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 8</u> , 19 <u>50</u> , and that death occurred at <u>5.2</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold D. Lohr D.D.</u>				23b. ADDRESS <u>Elmer Mo.</u>				23c. DATE SIGNED <u>11/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor</u>		24d. LOCATION (City, town, or county) (State) <u>Attanta Macon Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 10-1950</u>		REGISTRAR'S SIGNATURE <u>Daphne Howerton</u>		184		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hansending Attanta Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11.14.50
MASON COUNTY HEALTH DEPARTMENT
County File No. 11.50.209
Date Filed 11.21.50

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 H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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.