

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5317**
98

BIRTH NO. _____		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 4316		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Macon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria c. LENGTH OF STAY (in this place) 73 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Baldwin				4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 27, 1870	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 5 Days 18		11. BIRTHPLACE (State or foreign country) Scranton, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home			
13a. FATHER'S NAME John W. Evans				13b. MOTHER'S MAIDEN NAME Hannah Roberts		14. NAME OF HUSBAND OR WIFE Charles P. Baldwin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Sadie Baldwin ADDRESS New Cambria, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Liver ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis DUE TO (c) Chronic Hypertension/Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 week. 156A							
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) _____		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) (Min.) _____		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 June, 1943 , to Jan 15, 1951 , that I last saw the deceased alive on Jan 15, 1951 , and that death occurred at 9:15 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. D. Mason, M.D.				23b. ADDRESS Macon, Mo.		23c. DATE SIGNED 1/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery		24d. LOCATION (City, town, or county) (State) New Cambria, Mo.	
DATE REC'D BY LOCAL REG. 1-22-51		REGISTRAR'S SIGNATURE Josephine King		25. FUNERAL DIRECTOR'S SIGNATURE H. E. Hill		ADDRESS New Cambria, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

⑨
Date Received: 1-30-51
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County No. 8.51-26
Date Filed 8.16.51

Date Received: 1-30-51
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

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 _____

Licensed Embalmer No. 4019

P. O. Address. New Cambria, 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.