

FILED JUL 2 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19647**

BIRTH NO. 35782-51 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 20

191  
0

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CASS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Harrisonville</b> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Latour, Rose Hill Twp., MO</b>                              |  |
| c. LENGTH OF STAY (in this place) <b>6 hrs</b>  |  | d. STREET ADDRESS (If rural, give location) <b>Rose Hill township</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>                          |  |   |  |

|  |  |  |   |  |
|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Everett</b> c. (Last) <b>Baldwin</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 20 1951</b> |  |
|--|--|--|---|--|

|                    |                               |  |                                       |   |  |  |
|--------------------|-------------------------------|--|---------------------------------------|---|--|--|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b> | 8. DATE OF BIRTH <b>June 20, 1951</b> | 9. AGE (In years last birthday) <b>no</b> | 10. UNDER 1 YEAR Months <b>no</b> Days <b>no</b> | 11. UNDER 1 YEAR Hours <b>6</b> Mins. <b>0</b> |
|--------------------|-------------------------------|--|---------------------------------------|---|--|--|

|   |  |   |  |   |
|---|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>XXXX</b> | 11. BIRTHPLACE (State or foreign country) <b>Harrisonville, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> |
|---|--|---|--|---|

|  |  |   |   |
|--|--|---|---|
| 13a. FATHER'S NAME <b>Floyd E. Baldwin</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Hazel Hedgpeth</b> | 14. NAME OF HUSBAND OR WIFE <b>XXXX</b> |
|--|--|---|---|

|   |                                     |   |                         |
|---|-------------------------------------|---|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>XXXX</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Floyd E. Baldwin</b> | ADDRESS <b>Missouri</b> |
|---|-------------------------------------|---|-------------------------|

|   |  |  |  |   |
|---|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory arrest</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b> |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>Placental abruption 2 1/2</b>                                      |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | DUE TO (c) <b>Placental previa</b>   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>Cesarean section</b> | 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) |
|--|--|---|

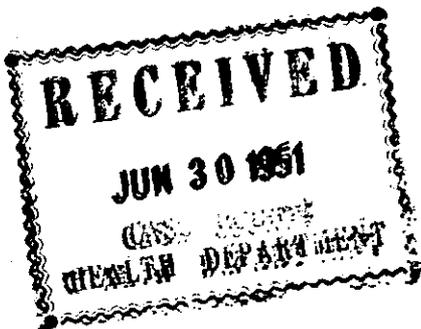
|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **(AM) 6-20, 1951, to (PM) 6-20, 1951**, that I last saw the deceased alive on **6-20, 1951**, and that death occurred at **3:00 P. M.**, from the causes and on the date stated above.

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>W. E. Ehlert</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>Pleasant Hill</b> | 23c. DATE SIGNED <b>6-25-51</b> |
|--|-----------------------------------|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>June 23, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Gunn City Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Gunn City, Missouri</b> |
|---|--------------------------------|--|--|

|   |   |  |                                 |
|---|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <b>June 27, 1951</b> | REGISTRAR'S SIGNATURE <b>Dora Barnard</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Canaday &amp; Ropp</b> | ADDRESS <b>Holden, Missouri</b> |
|---|---|--|---------------------------------|



**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 M J Canaday

Licensed Embalmer No. 3434

P. O. Address Holden

**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.