

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		USUAL REG. DIST. NO. <u>4433</u> Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lincoln Tmp.</u> <u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Unionville, Mo. R. F. D. 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u>		b. (Middle) <u>Leah</u>		c. (Last) <u>Baldock</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>June 9, 1904</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	
11. BIRTHPLACE (State or foreign country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 24, 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		14. NAME OF HUSBAND OR WIFE <u>John Ralph Baldock</u>	
13a. FATHER'S NAME <u>L. Ollie Ruale</u>		13b. MOTHER'S MAIDEN NAME <u>Maud DeMack</u>		14. NAME OF HUSBAND OR WIFE <u>John Ralph Baldock</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>John Ralph Baldock, Unionville, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease &</u> DUE TO (c) <u>Chronic myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death <u>2 1/2 hours</u> <u>7 years</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)		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from <u>Mar 23, 1952</u> , to <u>Mar 24, 1952</u> , that I last saw the deceased alive on <u>Mar 24, 1952</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas L. Judd</u>		23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>3/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Mar. 26, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cem</u>	
24d. LOCATION (City, town, or county) <u>Unionville, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Marvell Durham</u>		24f. ADDRESS <u>Unionville, Mo.</u>	

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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.

Student Embalmer No.....

Signed.....

J. O. Hurst

Signed.....

Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Memphis*

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.