

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19376

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>152</u>	
1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE 0105			
b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA		d. STREET ADDRESS (If rural, give location) 704 LYONS ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX 704 Lyons St.				d. STREET ADDRESS (If rural, give location) 704 LYONS ST			
3. NAME OF DECEASED (Type or Print) a. (First) ENOCH		b. (Middle) EZRA		c. (Last) BALDWIN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 8 1952	
5. SEX MALE <input type="radio"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 22 1894	
9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months X Days 16		11. BIRTHPLACE (State or foreign country) BOONE CO MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER & STEAM FITTER				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME GEORGE W. BALDWIN		13b. MOTHER'S MAIDEN NAME MOLLIE COCHRAN		14. NAME OF DECEASED'S WIFE MABEL BALDWIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WAR 1 490-07-1462		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL BALDWIN COLUMBIA 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, renal, left ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X				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 May 1, 1952 to June 8, 1952 that I last saw the deceased alive on June 7, 1952 , and that death occurred at 5:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland P. Saderson, MD		23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 6-9-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11 1952		24c. NAME OF CEMETERY OR CREMATORY COLUMBIA CEM.		24d. LOCATION (City, town, or county) (State) COLUMBIA MO	
DATE REC'D BY LOCAL REG. June 10 1952		REGISTRAR'S SIGNATURE Wm R E Palmer 3/1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R O Wreedy Columbia			

(Licensed Embalmer's Statement on Reverse Side)

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

105

JUN 16 1952

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, ~~and~~ by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lynman Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Md*

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.