

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH24348
State File No. 3072

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| AUG 4 1952 | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 3072 | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 50 YRS. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | 3148 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DEVINE CLINIC 918 OAK ST | | | | d. STREET ADDRESS (If rural, give location) SCHUYLER HOTEL-1017 LOCUST | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) GEORGE c. (Last) BALDWIN | | | 4. DATE OF DEATH (Month) (Day) (Year) July 4 - 1952 | | | | |
| 5. SEX 0 MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 11 | | 8. DATE OF BIRTH FEB. 19 - 1872 | |
| 9. AGE (In years last birthday) 80 | | IF OVER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED REAL ESTATE | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) OTTAWA, KANSAS / | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | | 13a. FATHER'S NAME HENRY BALDWIN | | 13b. MOTHER'S MAIDEN NAME ARMINA WILEY | |
| 14. NAME OF HUSBAND OR WIFE - - | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | | |
| 16. SOCIAL SECURITY NO. NONE | | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLARD W. WILEY-6129 MISSION Rd. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | 2 yrs | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4 yrs | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION 332 | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 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 <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 11-24, 1951, to 7-4, 1952, that I last saw the deceased alive on 7-4, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Devine DO (Degree or title) | | | | 23b. ADDRESS 918 Oak-KC. Mo. | | 23c. DATE SIGNED 7/5/52 | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 11 | | 24b. DATE JULY 7 - 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 7-7-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Newcomers Sons Kansas City Missouri | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

8-4
918 Oak

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 Robert E. Kesson

Licensed Embalmer No. 4849

P. O. Address K.C. 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.