

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0410</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> <u>0410</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u>	
c. LENGTH OF STAY (in this place) <u>90 Years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Baldwin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 26 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Honemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Michael Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Neoma Hayman</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Baldwin, Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Baldwin Cainsville, Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pulmonary Edema</u>		
II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 days.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>see 104-251-4</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov-1, 1951, to Aug 5, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 11:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alfred C. Jeff</u> D. O. <u>2</u>	23b. ADDRESS <u>Cainsville, Mo.</u>	23c. DATE SIGNED <u>8/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Akron Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Blythedale, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Cainsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 14-1952</u>	REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>	

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

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

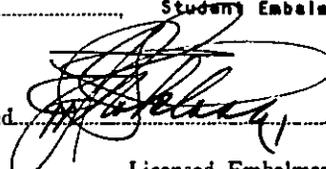
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Gainsville, M^U.

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.