

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41887

State File No.

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4144 Registrar's No. 99

0310

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

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Davess</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, give date before admission). a. STATE <u>Mo</u> b. COUNTY <u>Davess</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alta Mont</u> | c. LENGTH OF STAY (in this place) <u>yr</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alta Mont 0310</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>U</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>CHARLES CLINTON BALDWIN</u> b. (Middle) c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1952</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>MARCH 9-1880</u> |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>KIDDER Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>WILLIAM BALDWIN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARATTIA ALDEN</u> | 14. NAME OF HUSBAND OR WIFE <u>Winifred</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>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Winifred Baldwin, Alta Mont Mo</u> |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 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 Dec 13, 1952, to Dec 15, 1952, that I last saw the deceased alive on 12-15, 1952, and that death occurred at 12.4 m., from the causes and on the date stated above.

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|--|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>F. K. Wilson MD</u> | 23b. ADDRESS <u>Winston Mo</u> | 23c. DATE SIGNED <u>12-16-52</u> |
|--|-----------------------------------|-------------------------------------|

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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-17-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kidder</u> | 24d. LOCATION (City, town, or county) (State) <u>CALDWELL Mo</u> |
|---|------------------------------|---|---|

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| DATE REC'D BY LOCAL REG. <u>12-31-52</u> | REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Shoup Winston Mo</u> | ADDRESS <u>Winston Mo</u> |
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JAN 20 1953

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 *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.