

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

22070

State File No. ....

FILED JUL 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <p align="center">Lawrence</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Lawrence</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Aurora</p>		c. LENGTH OF STAY (In this place) <p align="center">5 yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Aurora</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">903 Hudson Ave.</p>				d. STREET ADDRESS (If rural, give location) <p align="center">903 Hudson Ave.</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">Lena</p>	b. (Middle) <p align="center">Leota</p>	c. (Last) <p align="center">Baldwin</p>	(Month) <p align="center">July</p>	(Day) <p align="center">10,</p>	(Year) <p align="center">1953</p>

5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	8. DATE OF BIRTH <p align="center">May 2, 1878</p>	9. AGE (In years last birthday) <p align="center">75</p>	# UNDER 1 YEAR Months <p align="center">2</p>	YEAR Days <p align="center">8</p>	# UNDER 24 HRS. Hours <p align="center"></p>	Min. <p align="center"></p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Lawrence County, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U. A. A.</p>		

13a. FATHER'S NAME <p align="center">Preston R. McClain</p>	13b. MOTHER'S MAIDEN NAME <p align="center">May De Vol</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Leonard W. Baldwin</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">no</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">L. W. Baldwin, Aurora, Mo.</p>	ADDRESS <p align="center">Aurora, Mo.</p>
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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 <p align="center">July 6-53</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cerebral Hemorrhage</p>		
	ANTECEDENT CAUSES DUE TO (b) <p align="center">Arterio Sclerosis</p> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <p align="center">Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center">331X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from July 6, 1953, to July 10, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 4:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">R. B. Curridge</p>	(Degree or title) <p align="center">M.D.</p>	23b. ADDRESS <p align="center">Aurora, Mo.</p>	23c. DATE SIGNED <p align="center">7/11/53</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">July 12, 1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Odd Fellows Cem.</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Marionville, Mo.</p>
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DATE REC'D BY LOCAL REG. <p align="center">7-11-1953</p>	REGISTRAR'S SIGNATURE <p align="center">Ora Mc Nell</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">R. B. Curridge</p>	ADDRESS <p align="center">Marionville, Mo.</p>
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(Licensed Embalmer's Signature on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harman Lurridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville*

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.