

FILED AUG 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. 29135

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5607 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kingsville twp 47 yr

c. LENGTH OF STAY (in this place) 47 yr

c. CITY OR TOWN Holden, Mo.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, RFD3 Holden, Mo.

e. STREET ADDRESS (If rural, give location) R.F.D. #3 Holden, Missouri 0

3. NAME OF DECEASED
a. (First) Grace b. (Middle) May c. (Last) Baldwin

4. DATE OF DEATH (Month) (Day) (Year) July 31 1953

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb 17, 1896

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 5 IF UNDER 12 HRS. Days 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Brooklyn, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Shimel 13b. MOTHER'S MAIDEN NAME Hallie May Pierce 14. NAME OF HUSBAND OR WIFE Edward Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xxx

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel Edward Baldwin Holden, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of uterus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 174X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-24-53, 19____, to July 31, 1953, that I last saw the deceased alive on 7-30-53, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS _____ 23c. DATE SIGNED 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/2/53 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Holden, Missouri

DATE REC'D BY LOCAL REG. 8-3-1953 REGISTRAR'S SIGNATURE Mrs. James Redford 150 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED
AUG 10 1933
JOHNSON COUNTY HEALTH DEPT.

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.....
Signature of Student Embalmer

Signed *M. L. Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Halden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.