

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1838

State File No.

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Fred</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Baldwin</u>	
4. DATE OF DEATH		(Month) <u>Jan</u> (Day) <u>6</u> (Year) <u>1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 15, 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. livestock buyer</u>		11. BIRTHPLACE (State or foreign country) <u>Brown County, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos N. Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Groves</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Scott Baldwin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry S. Baldwin</u> ADDRESS <u>Kirkville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>toxemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Hepatic Insufficiency</u> DUE TO (c) <u>Paralysis Agitans (traumatic)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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. HOW DID INJURY OCCUR	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 10, 1951</u> to <u>Jan 5, 1954</u> , that I last saw the deceased alive on <u>Jan 5, 1954</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Samuel H. Holt</u>				23b. ADDRESS <u>Lincoln Mo</u>		23c. DATE SIGNED <u>1/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9, 54</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunsolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin</u> ADDRESS <u>Edina Mo</u>			

(Licensed Embalmer's Statement 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 Mrs J. W. Anderson

Licensed Embalmer No. 2972

P. O. Address Edina 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.