

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37250

State File No. _____

No. 300
10-48

FILED NOV 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		d. STREET ADDRESS (If rural, give location) <u>138 S. Knob</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>EMMA</u> c. (Last) <u>BALDWIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1954</u>						
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 29 1869</u>			
9. AGE (In years if under 1 year, Months, Days, Hours, Min.) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton Missouri</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel T. Gay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Newman</u>			
13c. NAME OF HUSBAND OR WIFE <u>Joseph Louis Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Louis Baldwin</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>Miss Alice Gay, Ironton Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alice Gay, Ironton Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alice Gay, Ironton Mo.</u>		ADDRESS <u>Miss Alice Gay, Ironton 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>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION <u>Jan 2</u>		19b. MAJOR FINDINGS OF OPERATION <u>f221</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) (Min.)		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 <u>1-4</u> , <u>1954</u> , to <u>11-17</u> , <u>1954</u> , that I last saw the deceased alive on <u>11-17</u> , <u>1954</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James M. [Signature]</u>				23b. ADDRESS <u>M.D. Ironton Mo.</u>		23c. DATE SIGNED <u>11-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>Mr. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>White Funeral Home, Ironton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0870

2470
0

AUG 23 1955

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 Arcey White

Licensed Embalmer No. 3017

P. O. Address San Antonio

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.