

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37887

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 5642		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Middleton c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3/4 Miles South of Waverly				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline c. CITY OR TOWN Blackburn d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ f. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Mahala Elizabeth Baldwin b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 11 21 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6/10/1866	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Marionville Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A. McConnell		13b. MOTHER'S MAIDEN NAME Sylvia E. Sloan		14. NAME OF HUSBAND OR WIFE Thomas Levin Baldwin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gussie Keller Blackburn 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Branchial Pneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fractured hip</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death. <i>E9049 45</i>			
19a. DATE OF OPERATION 9/28/54				19b. MAJOR FINDINGS OF OPERATION <i>Fracture of right hip -</i>		20. AUTOPSY? YES ☐ NO ☒	
19c. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 09 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 / 28 / 54 5P		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <i>Fell in floor</i>			
22. I hereby certify that I attended the deceased from <i>11/21/54</i> 1954, to <i>11/21/54</i> 1954 that I last saw the deceased alive on <i>11/21</i> 1954, and that death occurred at <i>11:42 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title)				23b. ADDRESS <i>Waverly Mo.</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-54		24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery		24d. LOCATION (City, town, or county) (State) Waverly Missouri	
DATE REC'D BY LOCAL REG. Nov. 23 - 1954		REGISTRAR'S SIGNATURE <i>Chapman H. Landrum</i> 154-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bailey Funeral Home Waverly Mo.</i>			

(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.....
Signature of Student Embalmer

Signed.....*Morris D. Bailey*

Licensed Embalmer No...*48*

P. O. Address...*Adams*

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.