S. No. 300
. 10.48

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8844

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia
c. LENGTH OF STAY (In this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion 0640
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia 0
d. STREET ADDRESS (If rural, give location): Philadelphia, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): Mae
c. (Last): Baldwin

4. DATE OF DEATH (Month) (Day) (Year): Mar. 9, 1955

5. SEX: Female
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days 20 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baylis, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Cory
13b. MOTHER'S MAIDEN NAME: Cynthia Ann Six
14. NAME OF HUSBAND OR WIFE: Fred H. Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fred H Baldwin — ADDRESS: Philadelphia, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	few minutes
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Atherosclerosis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerosis obliterans	3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 2-17-55, *19*___, *to* 3-9-55, *19*___, *that I last saw the deceased alive on* 3-9-55, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter M. Whitacer MD
23b. ADDRESS: Quincy Clinic, Quincy, Illinois
23c. DATE SIGNED: 3-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 11, 1955
24c. NAME OF CEMETERY OR CREMATORY: McCord Cem.
24d. LOCATION (City, town, or county) (State): Perry, Ill

DATE REC'D BY LOCAL REG.: 3-10-55
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By Viola Gaw 189 Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Lynn S. Feaster — ADDRESS: Philadelphia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 15 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 15 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harold R. Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.