

FILED APR 21 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 103

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY OR TOWN <u>Hannibal</u> | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Levering Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>918 Ernest St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AUBREY</u> b. (Middle) <u>LEON</u> c. (Last) <u>BALDWIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1955</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 27, 1895</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Willey Motor Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cherrydell, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>William L. Baldwin</u> | 13b. MOTHER'S MAIDEN NAME <u>Georgia Mae Clayton</u> | 14. NAME OF HUSBAND OR WIFE <u>Pansy Baldwin</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u> | 16. SOCIAL SECURITY NO. <u>490-07-8772</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Pansy Baldwin</u> ADDRESS <u>918 Ernest, Hannibal</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lymphosarcoma</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2001</u> |
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| 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 <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 Feb., 1949, to 4/4/55, 1955, that I last saw the deceased alive on 4/4/55, 1955, and that death occurred at 10:30a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Hannibal, Missouri</u> | 23c. DATE SIGNED <u>4/12/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Apr. 7, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park, Hannibal, Mo.</u> | 24d. LOCATION (City, town, or county) (State) _____ |
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| DATE REC'D BY LOCAL REG. <u>4-15-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 19 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 19 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.....
Signature of Student Embalmer

Signed *Jack Schwartz*.....
Licensed Embalmer No. 4900

P. O. Address *Hamilal*.....

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.