

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19279

State File No.

FILED JUN 21 1955

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 5640		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural 5 mi. S of Alma		c. LENGTH OF STAY (in this place) two weeks		c. CITY OR TOWN Waverly		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Daughter 5 mi s of Alma				e. STREET ADDRESS (If rural, give location) 1/2 mile south of Waverly			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First) b. (Middle) c. (Last) Levin Baldwin		4. DATE OF DEATH (Month) (Day) (Year) June 14 1955			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 15/1859	
9. AGE (In years) 95		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Stone County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Washington Baldwin		13b. MOTHER'S MAIDEN NAME Lousia nagsdale		14. NAME OF HUSBAND OR WIFE Mahala baldwin (Deceased)			
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 Gussie Keller Alma, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hr known 15 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) m.		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 June 14, 1955 to June 14, 1955, and that death occurred at 1:20 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M.D.				23b. ADDRESS Waverly		23c. DATE SIGNED 6/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16/1955		24c. NAME OF CEMETERY OR CREMATORY Waverly, Cemetery		24d. LOCATION (City, town, or county) (State) Waverly, Missouri	
DATE REC'D BY LOCAL REG June 16-1955		REGISTRAR'S SIGNATURE Clayton Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bailey funeral home Waverly, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No.

P. O. Address.....

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.