

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22540**

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4510		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN			
b. CITY OR TOWN MILAN		c. LENGTH OF STAY (in this place) 28		c. CITY OR TOWN MILAN		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEMORIAL				e. STREET ADDRESS (If rural, give location) 1050			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) JANE		c. (Last) BALDWIN		4. DATE OF DEATH (Month) (Day) (Year) 6 - 10 - 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 8-9-1882	
9. AGE (In years last birthday) 73		10. MONTHS 10		11. DAYS 1		12. IF UNDER 1 YEAR Hours Min. 0	
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 (City and State or Foreign Country) MILAN MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAVID JACKSON		13b. MOTHER'S MAIDEN NAME NANCY UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLES ELBERT 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 MRS NADINE SCABEE ADDRESS MILAN			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lungs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cor. pneumonia, R. Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170x		INTERVAL BETWEEN ONSET AND DEATH 18 mos. 3 yr.					
19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION R. Breast removed 1953				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) (Min.)		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 _____, 1953, to 6-10 , 1956, that I last saw the deceased alive on 6-10 , 1956, and that death occurred at 2:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Simpson D.O.		23b. ADDRESS Milwaukee		23c. DATE SIGNED 6-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 12, 1956		24c. NAME OF CEMETERY OR CREMATORY OAKWOOD		24d. LOCATION (City, town, or county) (State) MILAN MO	
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE Edythe A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Milan ADDRESS			

(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.....

Licensed Embalmer No. 379

P. O. Address. Milan

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.