

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26194**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4063** Registrar's No. **29**

1. PLACE OF DEATH  
a. COUNTY **Caldwell**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Caldwell**

b. CITY OR TOWN **Hamilton** c. LENGTH OF STAY (In this place) **2 Days**

c. CITY OR TOWN **Hamilton** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Tunnison Nursing Home**

STREET ADDRESS (If rural, give location) **0180**

3. NAME OF DECEASED a. (First) **Mattie** b. (Middle) **Mae** c. (Last) **Baldwin** 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 28, 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Jan. 22, 1874** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 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 (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jacob Nevel** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Wm 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. **No** 17. INFORMANT'S SIGNATURE OR NAME **Bill Riddle** ADDRESS **Hamilton, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Fracture femur**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Carcinoma, Colon**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **9040 H 21** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **fall** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Hamilton Caldwell Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Aug 13 1956 m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Fell Down**

22. I hereby certify that I attended the deceased from **JAN 1949**, to **AUG 13, 1956**, that I last saw the deceased alive on **AUG 25, 1956**, and that death occurred at **4: AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank R. Dely** 23b. ADDRESS **Hamilton Mo.** 23c. DATE SIGNED **8/28/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-30-56** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Hamilton, Mo.**

DATE REC'D BY LOCAL REG. **Aug 31-56** REGISTRAR'S SIGNATURE **Gladys Jones** 25. FUNERAL DIRECTOR'S SIGNATURE **Morris A. Brann** ADDRESS **Hamilton, Mo.**

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

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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 *Harris A. Braun*.....

Licensed Embalmer No. *3918*

P. O. Address *Hannibal*.....

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.