

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40383

STATE FILE NUMBER

FILED NOV 20 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 111

1080
2
300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Washing</u> WASHINGTON Year No. <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Preston</u> 0430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>State Hospital #3</u> <u>2942 2mo</u> ^{Alaska}		d. STREET ADDRESS (If outside, give location) <u>unknown</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bernie</u> First <u>Baldwin</u> Middle <u>-</u> Last <u>Baldwin</u>		4. DATE OF DEATH <u>Nov 12, 1956</u> Month <u>Nov</u> Day <u>12</u> Year <u>1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 1, 1881</u>
9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR (If UNDER 24 HRS. Months Days Hours Min.) <u>9 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Republic Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Baldwin</u>		14. MOTHER'S MAIDEN NAME <u>Lizzie Mc Connell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Hospital records</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arterio sclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ess - Arterio Sclerosis</u> DUE TO (c) <u>Epilepsy - Grand mal type</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>50 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 1, 1956</u> to <u>Nov 12, 1956</u> and last saw her alive on <u>Nov 12, 1956</u> Death occurred at <u>8:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. C. Bradley M.D.</u>		22b. ADDRESS (City, town, or county) <u>State Hospital #3</u>	
22c. DATE SIGNED <u>11-12-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-14-56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Waverly Mo.</u>	
24. FUNERAL DIRECTOR <u>Richard H. Shuter Nevada Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-16-1956</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Orma E. Ferry</u>	

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 *Royal C. McCall*.....

Licensed Embalmer No. *485*.....

P. O. Address *Florida*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.