

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1126**

BIRTH NO. _____		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 5525		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY Hickory				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Hickory					
b. CITY OR TOWN Quincy		c. LENGTH OF STAY (In this place) All of life		c. CITY OR TOWN Quincy		d. Is Residence within limits of a city or incorporated town? Yes B No B			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Main St.				e. STREET ADDRESS (If rural, give location) Main St					
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) Walter		c. (Last) Baldwin		4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-10-1870			
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic & Farming		11. BIRTHPLACE (City and State or Foreign Country) Quincy Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10b. KIND OF BUSINESS OR INDUSTRY Self Employed		13a. FATHER'S NAME Lewis Baldwin		13b. MOTHER'S MAIDEN NAME Viola V Boughton		14. NAME OF HUSBAND OR WIFE Dena 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Baldwin Collins 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to Death in fire that				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deerayed his home					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9160 16		20. AUTOPSY? 2 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) 043					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) May Johnson Local Registrar				23b. ADDRESS Hermitage Missouri		23c. DATE SIGNED 1-24-57			
24a. BURN, CREMATION, REMOVAL (Specify) Burnal		24b. DATE Jan 20 - 57		24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery		24d. LOCATION (City, town, or county) (State) Quincy Missouri			
DATE REC'D BY LOCAL REG. 1-24-1957		REGISTRAR'S SIGNATURE May Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ruth A. Stewart - Wheatland Mo					

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas Gilbert Hattaway*

Licensed Embalmer No. *9267*

P. O. Address *Wheatland, Pa.*

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.