FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28988
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Phelps	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Calhoun
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Newburg~~ Arlington Twp. — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN Albion — 4210 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Railroad tracks SW Newburg — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1112 E. Porter — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: CHARLES — Middle: WILLIAM — Last: BALDWIN JR	4. DATE OF DEATH — Month: August — Day: 15 — Year: 1957
5. SEX Male	6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 27 Dec 1938
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) Charollette, Michigan	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles William Baldwin, Sr	14. MOTHER'S MAIDEN NAME Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Jan28 to Aug15,57	16. SOCIAL SECURITY NO. 373-38-2704
17. INFORMANT R S O'HERN, Major, MSC (signature: RSO'Hern)	Address: US Army Hospital, Ft Leonard Wood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple crushing injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 802x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 35

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Train accident

20c. TIME OF INJURY — Hour: 1020 p.m. — Month, Day, Year: Aug 15 1957

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad
20f. CITY, TOWN, OR LOCATION Near Newburg — COUNTY Phelps — STATE Missouri

21. I saw the deceased on 16 August 1957
Death occurred at 10:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS US Army Hospital, Fort Leonard Wood, Missouri
22c. DATE SIGNED 16 Aug 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 18/57
23c. NAME OF CEMETERY OR CREMATORY Albion Michigan. Cemet.
23d. LOCATION (City, town, or county) (State) Albion, Michigan.

24. FUNERAL DIRECTOR Hedges Funeral Home — ADDRESS Crocker, Mo (signature: [illegible] Richland Mo)
25. DATE RECD. BY LOCAL REG. Aug. 17, 1957
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County File Number 789
Date Filed 8/20/57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Ho

Licensed Embalmer No. 4

P. O. Address Lebar

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