

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1957

State File No. **36425**
66

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Hurs. Home				e. STREET ADDRESS (If rural, give location) 3824 Kennerly Avenue 2119			
3. NAME OF DECEASED (Type or Print) a. (First) Addie		b. (Middle) (nni)		c. (Last) BALDWIN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1957	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 15, 1879	
9. AGE (In years) 78		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Alexander, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Blakey		13b. MOTHER'S MAIDEN NAME Louella Broyles		14. NAME OF HUSBAND OR WIFE William H. 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 ADDRESS Albert Baldwin-3824 Kennerly -St. Louis			
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, atheria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 1-WK	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 March , 1956, to Oct 30 , 1957, that I last saw the deceased alive on Oct 26, 1957 , and that death occurred at 12:58 m., from the causes and on the date stated above.							
23a. SIGNATURE John W. Barker M.D. (Degree or title)				23b. ADDRESS 3606 Shavano St. Louis Mo. 11-1-57		23c. DATE SIGNED 11-1-57	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/57		24c. NAME OF CEMETERY OR CREMATORY Winfield		24d. LOCATION (City, town, or county) (State) WINFIELD, MO.	
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Olga Burdick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ricks Funeral Home - Elsberry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 6 1957

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1957

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.....
O. G. Gault

Licensed Embalmer No. 4012

P. O. Address *Elsberry*

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.