

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45376

STATE FILE NUMBER

FILED JAN 2 1958

Registration District No. 291 Primary Registration District No. 5989 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Livonia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Livonia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION city Length of stay in lb life				d. STREET ADDRESS (If outside, give location) city Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Peter Middle T Last Baldwin				4. DATE OF DEATH Month Dec. Day 15, Year 1957			
5. SEX M		6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 27, 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and state or country) Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Nute Baldwin				14. MOTHER'S MAIDEN NAME Sarah Roop			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Wm. Baldwin- Coatsville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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 <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 Dec. 13 - 57 to Dec 15 - 57 and last saw him alive on Dec 15 - 57 Death occurred at 2:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. V. Hart M.D. (Degree or title)				22b. ADDRESS Coatsville Mo		22c. DATE SIGNED 12-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-18-57		23c. NAME OF CEMETERY OR CREMATORY St. John Cem.		23d. LOCATION (City, town, or county) Putnam Co., Mo. (State)	
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 12-28-57		26. REGISTRAR'S SIGNATURE Marshall Durbin	

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.....
Nurl E. Husted

Licensed Embalmer No. 330

P. O. Address Union Blk

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.