

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019020

STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 29

0650

300
1-56

1. PLACE OF DEATH
a. COUNTY **Mercer**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Princeton, Mo** Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ----- Length of stay in lb **life**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Mercer**
c. CITY OR TOWN **Princeton, Mo** 0650 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS ----- (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
Claude Baldwin
4. DATE OF DEATH Month Day Year
5-11-58

5. SEX **male** 0 6. COLOR OR RACE **white** 7. MARRIED ☒ NEVER MARRIED ☐ 8. DATE OF BIRTH **10-9-1885** 9. AGE (In years last birthday) **72** 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) **Night Watch** 10b. KIND OF BUSINESS OR INDUSTRY **City** 11. BIRTHPLACE (City and state or country) **Mercer Co., Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Unknown** 14. MOTHER'S MAIDEN NAME **Anna King**

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. **486-12-7750** 17. INFORMANT Address **Mrs Adeline Baldwin Princeton, 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) **Gunshot wound through heart**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) **976 X**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
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.) **Self inflicted gunshot wound through heart**
20c. TIME OF INJURY Hour **7 to 8** Month, Day, Year **5-11-58** p. m.
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.) **home** 20f. CITY, TOWN, OR LOCATION + COUNTY STATE
Princeton, Mo. Mercer Mo.

21. I attended the deceased from **XX** to **XX** and last saw her alive on **XX**
Death occurred at **7 to 8:00** p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Walter L. Clark, D.O. Coroner** 22b. ADDRESS **Princeton, Mo.** 22c. DATE SIGNED **5-14-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **5-14-58** 23c. NAME OF CEMETERY OR CREMATORY **Princeton** 23d. LOCATION (City, town, or county) (State) **Princeton Mo**

24. FUNERAL DIRECTOR ADDRESS **Noel Moss Princeton, Mo** 25. DATE RECD. BY LOCAL REG **5-14-58** 26. REGISTRAR'S SIGNATURE **Joel Math**

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 23 1959

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 me....., Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul Mast
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Licensed Embalmer No. 26

P. O. Address General

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

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.