

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-031578

State File No. _____

AUG 19 1958

 BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6288 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION 1148</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>4 mi No. Grove Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARIE</u>		b. (Middle) <u>DURER</u>		c. (Last) <u>BALDWIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-13-58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11/10/1874</u>		9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>EDWARDSVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>BERNARD DURER</u>		13b. MOTHER'S MAIDEN NAME <u>IDA MARIE CREIGHTON F. BALDWIN</u>		14. NAME OF HUSBAND OR WIFE <u>C. LONG GROVE SPRINGS MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. LONG GROVE SPRINGS MO</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? <u>2</u> 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)	
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 8/10, 1958 to 8/13, 1958, that I last saw the deceased alive on 8/13, 1958, and that death occurred at 8/13, 1958 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. V. Hough MD</u>		23b. ADDRESS <u>Grove Springs Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/16/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>		24e. FURNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u>		24f. ADDRESS <u>Hartsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/18/1958</u>		REGISTRAR'S SIGNATURE <u>Bonnie D. Jones</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u>	

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

EMBALMENT
WRIGHT CO. HEALTH DEPT.
8-18-58
8-18-73
8-18-1988
County File Number
Date Filed

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 _____

Student Embalmer

Signed George Stepp

Licensed Embalmer No. 3161

P. O. Address Wm. Stepp, Mo.

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 this body is not embalmed, fact should be so stated above.