Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043052
STATE FILE NUMBER

NOV 18 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 416 W Maple — Length of stay in 1b: 70 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1082 416 W Maple — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Ervin; Middle Temothy; Last Baldwin

4. DATE OF DEATH: Month 11; Day 5; Year 58

5. SEX M

6. COLOR OR RACE W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Oct 31, 1900

9. AGE (In years last birthday) 58 — 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) Manager

10b. KIND OF BUSINESS OR INDUSTRY Employment Off

11. BIRTHPLACE (City and state or country) Galena, Ks.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter S. Baldwin

13b. MOTHER'S MAIDEN NAME Laura F. Mills

14. NAME OF HUSBAND OR WIFE Wilma Ellen Baldwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW X

16. SOCIAL SECURITY NO. 491-05-9472

17. INFORMANT Denver Baldwin, Address Nevada, 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) Melanoma — INTERVAL BETWEEN ONSET AND DEATH: Several Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Don't Know
DUE TO (c) "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1909

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION Nevada **COUNTY** Vernon **STATE** Mo.

21. I attended the deceased from Sept 1958, to Nov 5-1958 and last saw him alive on Nov 4-1958.
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS Nevada, Mo.

22c. DATE SIGNED 11-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-7-58

23c. NAME OF CEMETERY OR CREMATORY New Home Cem.

23d. LOCATION (City, town, or county) Warsaw, Mo. (State)

24. FUNERAL DIRECTOR Richard L. Shorten **ADDRESS** Nevada, Mo.

25. DATE RECD. BY LOCAL REG. 11-15-1958

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 19 1958

APR 6 1959

NOV 21 1958

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 Lloyd C. McCall

Licensed Embalmer No. 4853

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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