

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012334

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 434

300  
1-57

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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>                    |  | c. CITY OR TOWN <b>St. Joseph</b> <i>0117</i>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2631 Jules St.,</b>   |  |
| Length of stay in lb <b>24 yrs.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Rev. Glenn</b> Middle <b>A.</b> Last <b>Baldwin, D.D.</b> | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>26</b> Year <b>1959</b> |
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|                    |                               |   |                                       |   |  |  |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Aug. 30, 1872</b> | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>1</b> | IF UNDER 24 HRS.<br>Hours <b>1</b> Min. <b>0</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clergyman</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Methodist Ministry</b> | 11. BIRTHPLACE (City and state or country)<br><b>Caroline Co., Virginia</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Griffon Lewis Baldwin</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Harrison</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Eva Whitby Baldwin</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>9.070.879</b> | 17. INFORMANT Address<br><b>Mrs. Eva W. Baldwin, St. Joseph, Missouri</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Infarction</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>19 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Coronary Sclerosis</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)<br><b>H2C1</b>                  |  | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.)<br><b>H2C1</b> |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>St. Joseph</b> | COUNTY <b>Buchanan</b> | STATE <b>Missouri</b> |
|---|--|---|------------------------|-----------------------|

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| 20d. INJURY OCCURRED WHILE AT WORK <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<br><b>St. Joseph</b> | COUNTY <b>Buchanan</b> | STATE <b>Missouri</b> |
|--|--|---|------------------------|-----------------------|

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| 21. I attended the deceased from <b>Apr-7-59</b> to <b>Apr-26-59</b> and last saw him alive on <b>Apr-26-59</b><br>Death occurred at <b>1:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><b>L.H. Howden M.D.</b> | 22b. ADDRESS<br><b>419 West 2nd St. St. Joseph, Mo.</b> | 22c. DATE SIGNED<br><b>Apr-28-59</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>Apr. 29, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Meuckeffer-Hessman Inc.</b> | ADDRESS<br><b>St. Joseph, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>April 29, 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mr. Clark Woodell</b> |
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Dr. T. L. Howden  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Eric J. Cherry* .....

Licensed Embalmer No. <sup>4679</sup> .....

P. O. Address St. Joseph, Missouri

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.