

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017034

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No.

59

Primary Registration District No.

Registrar's No.

86

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hill</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>106 S. Independence</u>		Length of stay in lb <u>12 yrs.</u>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Leonard</u> Last <u>Baldwin</u>		4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 20, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Gunn City, Missouri</u>
13a. FATHER'S NAME <u>James Thomas Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Ann Saling</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. May Baldwin</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>500-40-3218</u>	17. INFORMANT <u>Mrs. May Baldwin</u> Address <u>Pleasant Hill, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis, lungs</u> DUE TO (b) <u>Carcinoma prostate</u> 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 <u>4 wks</u> <u>8 yrs.</u>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	
21. I attended the deceased from <u>11-11-58</u> to <u>5-7-59</u> and last saw her alive on <u>5-6-59</u> Death occurred at <u>5-7-59</u> at <u>1:20 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Chas Ebeland MD</u>	
22b. ADDRESS <u>Pleasant Hill, Mo</u>		22c. DATE SIGNED <u>5-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5/10/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Missouri</u>
24. FUNERAL DIRECTOR <u>Brownfield-Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs Ray Schue</u>	

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

# 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 Hubert B. Baird

Licensed Embalmer No. 4888  
P. O. Address Pleasant Hill

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.