

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-024478

FILED VS JUL 31 1959 Registration District No. 41 Primary Registration District No. 3012 STATE FILE NUMBER 64 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arizona</b> b. COUNTY <b>Pima</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Tucson</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Excelsior Institute</b>		Length of stay in lb. <b>6/27/59</b>	d. STREET ADDRESS (If outside, give location) <b>726 N. Belvedere Blvd</b> Reside on Form <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LOREN</b> Middle <b>PARK</b> Last <b>BALDWIN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>Unknown</b> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22, 1882</b>	9. AGE (In years of birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>22</b>	IF UNDER 24 HRS Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XXXX</b>	11. BIRTHPLACE (City and state or country) <b>Keokuk County, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Hiel Baldwin</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Ann Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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) <b>No</b>	16. SOCIAL SECURITY NO. <b>483-24-8157</b>	17. INFORMANT <b>Mrs. G. H. Waltz, 726 Belvedere Blvd.</b> Address <b>Tucson, Arizona</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Cardiac arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 to 8 hrs</b> <b>2-3 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary occlusion</b>	
	DUE TO (c) <b>Coronary Embolus + Arteriosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>6/27/59</b> to <b>7/14/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>7/14/59</b> Death occurred at <b>6:30 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 <b>Vergil A. Buttiker D.O.</b> (Deceased or title)	22b. ADDRESS <b>Excelsior Springs Mo.</b>	22c. DATE SIGNED <b>7-14-59</b>
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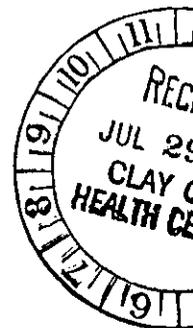
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 15/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Indianapolis Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>What Cheer, Iowa</b>
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24. FUNERAL DIRECTOR <b>Chas. Vergil Hope, Ex Spgs. Mo</b>	ADDRESS <b></b>	25. DATE RECD. BY LOCAL REG. <b>7-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Chas. Virgil Hope* .....

Licensed Embalmer No. *3950* .....

Address *Epcelsior Spr* .....

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.