

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-020898

STATE FILE NUMBER

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 52

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Athens

Length of stay in 1b

2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Harrison

admission)

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR
INSTITUTION

Pleasant View
Rest Home

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS
2 Miles South

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
Lucile

Middle
(none)

Last
Baldwin

4. DATE OF DEATH

Month
June

Day
10

Year
1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/9/70

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ezra Baldwin

13b. MOTHER'S MAIDEN NAME

Margret Clark

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, (or unknown))

No

None

16. SOCIAL SECURITY NO.

486-48-8079

17. INFORMANT

Address

Mrs. Will Ross, Martinsville, Mo.

**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (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)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

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

5/29/61

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.)

5/29/61

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/29/61

to 6/1/61

and last saw her alive on 5/31/61

Death occurred at

11 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. M. Newman, M.D.

(Degree or title)

22b. ADDRESS

Atkins, Mo

22c. DATE SIGNED

6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 12, 1961

23c. NAME OF CEMETERY OR CREMATORY

Kidwell Cemetery

23d. LOCATION (City, town, or county)

Harrison County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

C. R. Noller

New Hampton, Mo.

25. DATE RECD. BY LOCAL REG.

6-12-61

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bay

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.