

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018614

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 813

FILED JUN 17 1962

VS 300 Rev. 4/59

6397
21144

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Wright**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield** Length of stay in 1b **5 Wks.**

c. CITY OR TOWN **Mountain Grove** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Springfield Bapt. Hosp.** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) **Lelland Marion Baldwin**

4. DATE OF DEATH Month Day Year **May 19, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-26-1897** 9. AGE (last birthday) **64**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Minister** 10b. KIND OF BUSINESS OR INDUSTRY **Church of Brethern** 11. BIRTHPLACE (City and state or country) **Mulberry Grove, Illinois** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Charles Baldwin** 13b. MOTHER'S MAIDEN NAME **Barbara Ullrey** 14. NAME OF HUSBAND OR WIFE **Maudie (McConkey) Baldwin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT **Maudie Baldwin** Address **Mtn. Grove, Missouri**

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

IMMEDIATE CAUSE (a) **Pulmonary Embolism** INTERVAL BETWEEN ONSET AND DEATH **1 week**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Myocardial Infarction** **5 weeks**

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 N. 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

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 COUNTY STATE

21. I attended the deceased from **April 15, 1962** to **May 19, 1962** and last saw him alive on **May 19, 1962**

Death occurred at **6:20 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. J. Callaway MD** (Degree & title) 22b. ADDRESS **Springfield, Mo** 22c. DATE SIGNED **5/26/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 22, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Hillcrest Cemetery** 23d. LOCATION (City, town, or county) (State) **Mountain Grove, Missouri**

24. FUNERAL DIRECTOR **Ewell C. Craig** ADDRESS **Mtn. Grove, Missouri** 25. DATE RECD. BY LOCAL REG. **6-4-62** 26. REGISTRAR'S SIGNATURE **Effie S. Melton**

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1963

Permit valid May 19, 1962

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 Frederic M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.