

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41454

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2101 Registrar's No. 543

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2401 East 3rd Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Henry</u> c. (Last) <u>BALDWIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1881</u>
9. AGE (In years, last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>	11. BIRTHPLACE (State or foreign country) <u>Newton County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Triplett</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Baldwin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Baldwin</u> ADDRESS <u>2401 E 3rd St. Joplin, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis with acute decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio-sclerotic vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12-7, 1949</u> to <u>12-11, 1949</u> that I last saw the deceased alive on <u>12-10, 1949</u> , and that death occurred at <u>4:45 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. H. Hamilton M.D.</u> (Degree or title)		23b. ADDRESS <u>E. H. HAMILTON, M. D. Frisco Bldg.</u>	23c. DATE SIGNED <u>12-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
DATE REC'D BY LOCAL REC. <u>12-14-49</u>	REGISTRAR'S SIGNATURE <u>James J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mort.</u> ADDRESS <u>Joplin, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
2
Dr. Hamilton

119
2
5
17

4521

RECEIVED 12-28-49
Jasper County Health Office

County File Number ~~49-12-973~~

Date Filed ~~12-27-49~~

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 _____
Student Embalmer

Signed Cecilia Shoultz

Licensed Embalmer No. 3590

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.