

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43979

0050
1

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

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>5048</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Venona R-1)</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>VENONA R-1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VENONA R-1</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 m. S.W. of ANODA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles southwest Anoda</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 m. S.W. of ANODA</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Millard</u>	b. (Middle) <u>H</u>	c. (Last) <u>Baldwin</u>	(Month) <u>Aug</u>	(Day) <u>23</u>	(Year) <u>1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 26-1887</u>	9. AGE (in years last birthday) <u>62</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Min. _____	
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 (State or foreign country) <u>Clay County</u>		12. CITIZEN OF WHAT COUNTRY? <u>Barry</u>	
13a. FATHER'S NAME <u>Andrew Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Mat Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Baldwin Venona R-1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Endocarditis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>April</u> , 19 <u>50</u> , to <u>August 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 30</u> , 19 <u>50</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. P. Lopez</u> (Degree or title) <u>D. M. O.</u>				23b. ADDRESS <u>Anoda, Mo.</u>		23c. DATE SIGNED <u>8-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clay Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Venona R-1 - Barry - Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		REGISTRAR'S SIGNATURE <u>Thos. Wm. Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. W. ... Anoda Mo</u>			

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

APR 14 1951

Dist. File 457-795-

Date Filed 4-14-51

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3812

P. O. Address Quincy, 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.