

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21085

State File No.

No. 300
10-48

FILED JUL 3-1953

BIRTH NO. _____ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 3016 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>717 Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 Maple</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Baldwin</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>Married</u>		8. DATE OF BIRTH <u>Jan. 5-1903</u>		9. AGE (In years last birthday) <u>50</u> Months <u>5</u> Days <u>22</u>	

10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>W. Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Larva Hummel</u>		14. NAME OF HUSBAND OR WIFE <u>Nola Baldwin</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mo 852-05-2860</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nola Baldwin</u>		ADDRESS <u>717-Maple</u>	
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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>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>					
		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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from June 20 1953 to June 27, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Dean C. Dwyer M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>6-27-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 29</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>		24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 2-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin-Johnson</u>		ADDRESS <u>J. E. Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

264

1954
1955
1956
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(100)

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 *J. H. Anderson*

Licensed Embalmer No. 3641

P. O. Address Juno

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.