

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23915**

FILED JUL 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 777

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>33 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	<b>0117</b> <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>404 S. 11th St.</b>	

3. NAME OF DECEASED (Type or Print) <b>Thomas</b>	a. (First)	b. (Middle) <b>J.</b>	c. (Last) <b>Baldock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1953</b>
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5. SEX <b>0</b> <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>November 25, 1879</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>73</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Company</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Albany, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unk.</b>	13b. MOTHER'S MAIDEN NAME <b>unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Lulu</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-07-2192</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lulu Baldock, 404 S. 11th, St. Joseph, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure from esophageal ulcers</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial pneumonia</b> DUE TO (c) <b>Debris in trachea</b>		<b>1 week</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Proctone lipi lipi</b>			<b>6 days</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>307x F</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Joseph</b> (COUNTY) <b>Buchanan</b> (STATE) <b>Missouri</b>
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21d. TIME (Month) (Day) (Year) (Hour) <b>July 3, 1953 ?</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell down steps.</b>
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22. I hereby certify that I attended the deceased from **7-3, 1953**, to **7-9, 1953**, that I last saw the deceased alive on **7-9, 1953**, and that death occurred at **8:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lucas H. Ide M.D.</b>	(Degree or title)	23b. ADDRESS <b>902 Elmwood St. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>7-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/11/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 15, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Neaton Bowman Funeral Home</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Mr. Bucher See*

**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 *James P. Hawkin*

Licensed Embalmer No. *4532*

P. O. Address *319 210 St. George*

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.