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FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21010
State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Purdy</u>	c. LENGTH OF STAY (in the hospital) <u>22 yrs</u>	c. CITY OR TOWN <u>Purdy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>James</u>	b. (Middle) <u>Dewey</u>	c. (Last) <u>Baldwin</u>	<u>Aug. 1, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, MARRIED DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 13, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician D.O.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Physician D.O.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brooks Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Charles William Baldwin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Marie Miller</u>
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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) <u>Yes</u> <u>June 5, 1918 to June 7, 1919</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Baldwin-Purdy, Mo.</u>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lymphosarcoma Reticular Cell type</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Max Kussnitz</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-15, 1955, to 8-1, 1955, that I last saw the deceased alive on 7-30, 1955, and that death occurred at 4:13 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Tamm, Sr.</u>	(Degree or title)	23b. ADDRESS <u>Purdy Mo</u>	23c. DATE SIGNED <u>8-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pine Bluff, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>8-3-1955</u>	REGISTRAR'S SIGNATURE <u>Mr P. N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Williamson</u>	ADDRESS <u>Cassville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

AUG 10

NO. 855-307

DATE REC. 8-8-55

AUG 19 1955

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 Myself Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Raymond A Davis
Licensed Embalmer No. 34
P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.