

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 67

BIRTH NO. _____		REG. DIST. NO. 8		PRIMARY REG. DIST. NO. 4021		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <b>Audrain,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain.</b>			
b. CITY OR TOWN <b>Ladonia, Mo.</b>		c. LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladonia, Missouri.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ladonia, Missouri.</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Argona</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Baize</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan, 21, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov, 8, 1873</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Kentucky,</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dr. J. B. Huff.</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Bivins</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Baize.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. E. B. Baize</b> ADDRESS <b>Ladonia, Mo.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic hypertension, arteriosclerosis</b> DUE TO (c) <b>Pelvic carcinoma (operated 3 yrs ago)</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>10 yrs.</b> <b>3 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1949</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2</b>			
22. I hereby certify that I attended the deceased from <b>Jan 16, 1949</b> , to <b>Jan 21, 1949</b> , that I last saw the deceased alive on <b>Jan 21, 1949</b> , and that death occurred at <b>7 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. B. Dougherty, M.D.</b> (Degree or title)				23b. ADDRESS <b>Ladonia, Missouri</b>		23c. DATE SIGNED <b>1-21-49</b>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan, 23, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ladonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ladonia, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-23-49</b>		REGISTRAR'S SIGNATURE <b>Martha Keenan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Oliver Wiley</b> ADDRESS <b>Ladonia, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1949

RECEIVED

District Health Officer No. 10

District File Number 249-249

Date Filed FEB 3 - 1949

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

John E. Maxwell

Student Embalmer No. 252

working under my personal supervision.

Student John E. Maxwell

Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.