

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Serial 12948  
State File No. 5-7-49-56

53

170 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 2033 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Wacleda</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wacleda</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Competition Rt. MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frieda</u> b. (Middle) <u>Malinda</u> c. (Last) <u>Bair</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Dahm</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Edgar H. Bair</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>153X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar H. Bair</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Obstruction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Cervix (Uterus)</u> DUE TO (c) <u>not known</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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) (Minute)		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>5-4</u> , 19 <u>49</u> , to <u>5-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>49</u> and that death occurred at <u>11:58 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Aula Putius</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>5-7-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mound</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleville Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>	
DATE REC'D BY LOCAL REG. <u>May 7-1949</u>		REGISTRAR'S SIGNATURE <u>Lella L. Day</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 5-11-49  
Laclede County Health Unit  
File No. 5-89-56  
Date Filed 5-11-49

---

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 \_\_\_\_\_

Margaret Ruth Allen

Student Embalmer No. 295

working under my personal supervision.

Signed Richard D. Palmer

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Libanon, Me.

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.