

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 23818

BIRTH NO. 112699-49 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 1028 Registrar's No. 124

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Jasper			a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 11 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			d. STREET ADDRESS (If rural, give location) 1013 Cedar St.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) VICKIE	b. (Middle) RAE	c. (Last) BAYLOR	Month July	Day 17	Year 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 17, 1949		9. AGE (In years last birthday) 0 Months 0 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chester W. Baylor	13b. MOTHER'S MAIDEN NAME Vava Rector	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chester Baylor		ADDRESS 1013 Cedar Carthage, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 11 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth	DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			2710X

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) (Min)	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 July 17, 1949, to July 17, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Foster Blatten M.D.	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 7/18/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (city, town, or county) Carthage, Mo. (State)
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DATE REC'D BY LOCAL REG. 7-19-1949	REGISTRAR'S SIGNATURE E. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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Pu. n. tery card (with Embalmer's Statement on Reverse Side)

No. 300  
10-48  
49  
3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-25-49

Jasper County Health Office

County File Number 49-7-556

Date Filed 7-26-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Robert H. Knell

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

Licensed Embalmer No. 4459

P. O. Address \_\_\_\_\_

Carthage

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.