

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33658

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	c. LENGTH OF STAY (in this place) <u>4 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 N. 4th St.</u>		d. STREET ADDRESS (If rural, give location) <u>316 N. 4th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AMANDA</u>	b. (Middle) <u>MEIKINA</u>	c. (Last) <u>BAIRD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 17 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 31. 1873</u>	9. AGE (in years last birthday) <u>76</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	11. UNDER 24 HRS. Hours <u>1</u> Min. <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>CENTERVIEW, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES COX</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH TYLEY</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY ROBERT BAIRD</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>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Baird</u>	ADDRESS <u>316 N. 4th Clinton Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 yrs.</u> <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis</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 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) _____	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 Oct 9, 1949, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Smith</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>Oct. 18</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WINDSOR OAK</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG <u>Oct-18-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	42. FUNERAL DIRECTOR'S SIGNATURE <u>SICHMAN & DUNNING</u>	ADDRESS <u>CLINTON MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1950

RECEIVED
District Health Officer No. 7,
District File Number 2-49-12
Date Filed 10-24-49

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.

Student
Student Embalmer

Signed _____

Robert L. Dunning

Licensed Embalmer No. 4770

P. O. Address Clinton 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.