

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Law: 35-1992
State File No. 6109
6109

BIRTH NO.		REG. DIST. NO. 326	PRIMARY REG. DIST. NO. 6109	Registrar's No. 45
1. PLACE OF DEATH a. COUNTY <i>Knox Scotland</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution; residence before admission, if institution) a. STATE <i>Missouri</i> b. COUNTY <i>Knox</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Greensburg Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Greensburg</i>		
c. LENGTH OF STAY (In this place) <i>3 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i></i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>William</i> c. (Last) <i>Baird</i>				
4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 12 1949</i>		5. SEX <i>Male</i>		
6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Feb 16 1868</i>
9. AGE (In years last birthday) <i>81</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Green City, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>William T. Baird</i>		13b. MOTHER'S MAIDEN NAME <i>Tabitha Sneath</i>
14. NAME OF HUSBAND OR WIFE <i>Stella Baird</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>
17. INFORMANT'S SIGNATURE OR NAME <i>Ernest Baird</i>		ADDRESS <i>Greensburg Mo.</i>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>Months</i> ANTECEDENT CAUSES DUE TO (b) <i></i> DUE TO (c) <i></i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>17 2 2</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 <i>8/15/48</i> , 19___, to <i>9/12/</i> , 1949, that I last saw the deceased alive on <i>9/11/49</i> , 19___, and that death occurred at <i>9 P</i> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Lawrence E. Lowe Do</i>		23b. ADDRESS <i>2 Memphis Mo</i>		23c. DATE SIGNED <i>9/14/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept. 14-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Coffee Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Shelby County Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>PTM Baker</i>		
DATE REC'D BY LOCAL REG. <i>9/15/49</i>		ADDRESS <i>Memphis Mo</i>		

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

OCT 1 1949

RECEIVED OCT 1 1949
District Health Officer No. 10
District File Number 10-49-168
Date Filed OCT 1 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Fred Smith

Licensed Embalmer No. 4258

P. O. Address Memphis

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.