

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1636

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 16	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY LAWRENCE		b. CITY (If outside corporate limits, write RURAL and give township) Aurora		a. STATE MISSOURI		b. COUNTY LAWRENCE	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Aurora		c. CITY OR TOWN 518 Washington		0 551	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 518 Washington				d. STREET ADDRESS (If rural, give location) Aurora Missouri			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Mary	b. (Middle) E	c. (Last) Baevs	(Month) Feb	(Day) 6	(Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH FEB 18 - 1866		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11	IF UNDER 4 HRS. Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Callaway County		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown Rice		14. NAME OF HUSBAND OR WIFE Leander Worth Baevs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lou Baevs		ADDRESS Aurora MO	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
2. ANTECEDENT CAUSES				DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
3. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) Anteriosclerosis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				5810			
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 Dec 1, 1949, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Robert C. Rosenthal				23b. ADDRESS Aurora Mo		23c. DATE SIGNED 2-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/50	24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) Aurora		(State) MO
DATE REC'D BY LOCAL REG. Feb 9-50		REGISTRAR'S SIGNATURE Ora Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE Oscar L. Marsh		ADDRESS Aurora MO	

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

RECEIVED FEB 10 1950

District Health Office No.

District File Number 250-207

Date Filed 2-10-50

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Dean J. Maul

Licensed Embalmer No. 3812

P. O. Address Quora

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.