

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4255
542

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 30yrs		d. STREET ADDRESS (If rural, give location) 1035 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE		b. (Middle) ELMER	
		c. (Last) BAUDE	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1950			
5. SEX fe	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH May 27 1870
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Connelly		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Chas. F. Baude			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Chas. F. Baude		ADDRESS 1035 Broadway	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Urinary Bladder		INTERVAL BETWEEN ONSET AND DEATH 3 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis		10 yrs
		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 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) (m.)	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 **October 1949**, to **Feb 5, 1950**, that I last saw the deceased alive on **Feb 5, 1950**, and that death occurred at **5:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Heber Hixson (Degree or title) A. D. O.	23b. ADDRESS 1519 W. Scott Place Independence Mo	23c. DATE SIGNED Feb 7 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-1950	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) Kansas City, Mo	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc. ADDRESS Kansas City Mo	
DATE REC'D BY LOCAL REG. 2-6-50	REGISTRAR'S SIGNATURE Deraldine Holmes	

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

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, ~~and~~ by _____

Jack E. Moore Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Jack E. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City, 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.