

No. 300
10.48

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37617

551
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 3037 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MISSOURY</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt. VERNON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt. VERNON</u>	
c. LENGTH OF STAY (in this place) <u>30yr</u>		d. STREET ADDRESS (If rural, give location) <u>Hickory St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickory St.</u>			
3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> b. (Middle) <u>D.</u> c. (Last) <u>BAIRD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 13, 1891</u>
9. AGE (In years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopathic Dr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>	11. BIRTHPLACE (State or foreign country) <u>Jerseyville, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Edward Baird</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Doris Baird</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W.L.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Doris Baird</u>		ADDRESS <u>Mt. Vernon</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>(Rt. Ventricular failure)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>			
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) (Minute)		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 <u>after death</u> to <u>19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 19, 1950</u> , and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Reneeth Glover MD</u>		23b. ADDRESS <u>Mt. Vernon, Mo</u>	
23c. DATE SIGNED <u>11/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 18, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Jerseyville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Kendrick</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Gassett</u>		ADDRESS <u>Republic, Mo.</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 18 1950

Dist File 1150-2299

Date Filed 11-18-50

DEC 16 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McKenney, 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.