

FILED FEB 28 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8

1050

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

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan — Rural 1050					
d. FULL NAME OF HOSPITAL OR INSTITUTION Simpson Hospital				d. STREET ADDRESS (If rural, give location) Jackson Twp					
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) E		c. (Last) Baldridge			
4. DATE OF DEATH		(Month) 2		(Day) 14		(Year) 51			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-1-75			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Baynton Mo		12. CITIZEN OF WHAT COUNTRY US			
13a. FATHER'S NAME Joe D. Baldridge		13b. MOTHER'S MAIDEN NAME Laura Yardley		14. NAME OF HUSBAND OR WIFE Flora Boyd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 120		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME T. A. Baldridge		ADDRESS Milan Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) over dose of sleeping tablets of unknown make and number ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 5-78.0 14	
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)		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 Feb 12, 1951, to Feb 14, 1951, that I last saw the deceased alive on Feb 14, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS Milan		23c. DATE SIGNED 2-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 2-16-51		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem		24d. LOCATION (City, town, or county) (State) Milan Mo			
DATE REC'D BY LOCAL REG. Feb. 23-1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harrie		320		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____			

(Licensed Embalmers' Statement on Reverse Side)

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-440
Date Filed: FEB 26 1951

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.....

Dwight Schaefer

Signed.....
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address. *Urbana - 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.