S. No. 300
v. 10-48

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

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13085

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 9

0510
1

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster
c. LENGTH OF STAY (In this place): 68 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster, Missouri 0510
d. STREET ADDRESS (If rural, give location): 6

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): F.
c. (Last): Baird

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Oct. 14, 1864

9. AGE (In years last birthday): 86 — If under 1 year: Months 6, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smith County, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ruben Baird

13b. MOTHER'S MAIDEN NAME: Jerusha Gwaltney

14. NAME OF HUSBAND OR WIFE: Leona Florence Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Leona Florence Baird K.N.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ✓

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
(1) Chr Valvular Disease
(2) Arteriosclerosis

?
154X

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? YES ☐ NO ☒

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): Knob Noster Johnson, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* April 1, 1951, *to* April 29, 1951, *that I last saw the deceased alive on* April 29, 1951, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Shore M.D. — (Degree or title)

23b. ADDRESS: Knob Noster, Mo

23c. DATE SIGNED: May 1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 2, 1951

24c. NAME OF CEMETERY OR CREMATORY: Knob Noster Cemetery

24d. LOCATION (City, town, or county) (State): Knob Noster, Missouri

DATE REC'D BY LOCAL REG.: May 2, 1951

REGISTRAR'S SIGNATURE: Erma L. Beatty 149

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. Raymond Baker, Knob Noster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 8 1951
JOHNSON COUNTY HEALTH DEPT.

OCT 8 1952

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 W. Raymond Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.