

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7231

42

FILED MAR 2 1952

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON CITY</u>		MO 40	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>IN DOCTORS OFFICE ON EAST MONROE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>E.</u>		c. (Last) <u>BAESE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 - 52</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>JUNE 1-1914</u>	
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.P. GREEN CO</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>CHAS BAESE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA CHILDERS</u>		14. NAME OF HUSBAND OR WIFE <u>EMILY BAESE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WW NO IF 489-22-2459</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMILY BAESE</u>		ADDRESS <u>BENTON CITY MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Aorta had advanced Sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Causing entry insufficient</u>				INTERVAL BETWEEN ONSET AND DEATH <u>09360-22</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy performed by Henry H. Smith, M.D., Columbia</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton City 004 Audrain Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 11 1952 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lifting a tub of plaster</u>			
22. I hereby certify that I attended the deceased from <u>August 10, 1950</u> to <u>March 14, 1952</u> , and that death occurred at <u>3:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. C. Cochran M.D. Coroner</u>		(Degree or title)		23b. ADDRESS <u>Medico Mo</u>		23c. DATE SIGNED <u>3-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WELLSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-17-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNOLD, JR</u>		ADDRESS <u>MEXICO, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1952

APR 11 3 1952

MAR 25 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.

Signed.....  
Student Embalmer

Signed Richard J. McDonald  
Student Embalmer No.....

Licensed Embalmer No. 4825

P. O. Address Meriden 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.