

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED APR 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1465</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		5518			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3628 Holmes</u>				d. STREET ADDRESS (If rural, give location) <u>3628 Holmes</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fletcher C</u>			b. (Middle) _____		c. (Last) <u>Baird</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1952</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>19 May 1891</u>		9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager - Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Battery Mfg.</u>		11. BIRTHPLACE (State or foreign country) <u>Moberly Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Baird</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Clark</u>			14. NAME OF HUSBAND OR WIFE <u>Dorothy Baird</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>289-01-7854</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Baird</u>			ADDRESS <u>3628 Holmes</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>Coronary heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9/29/49</u>	
				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.				4201	
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) _____		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>9/29</u> , 19 <u>49</u> , to <u>3/29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>52</u> , and that death occurred at <u>15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. Becker MD</u> (Degree or title)				23b. ADDRESS <u>4000 Baltimore Kansas City, Mo</u>			23c. DATE SIGNED <u>3/29/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>31 Mar 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>3-31-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Mem Chapels</u>			ADDRESS <u>K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*D Ross Blanford*

Licensed Embalmer No. \_\_\_\_\_

4015

P. O. Address \_\_\_\_\_

*1500 Mc*

**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.