

## STANDARD CERTIFICATE OF DEATH

8886

State File No. ....

FILED APR 7 1952

BIRTH NO. ....		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>16 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus Mo.</u>		0500	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL R1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maudie</u>		b. (Middle)		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 29-1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 29-1872</u>	
9. AGE (In years last birthday) <u>79</u>		10. YEARS UNDER 1 YEAR <u>6</u>		11. MONTHS UNDER 1 YEAR <u>0</u>		12. HOURS UNDER 1 YEAR <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Festus Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Hayden Rutherford</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Cyle</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>( )</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Hensley</u> ADDRESS <u>Festus Mo #2</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of abdominal aorta, with ischemia of lower extremities and pelvis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility with psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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 <input type="checkbox"/> 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>Jan 1951</u> , 19 <u>51</u> , to <u>March 29, 1952</u> , that I last saw the deceased alive on <u>March 26, 1952</u> , and that death occurred at <u>12:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		23b. ADDRESS <u>Desoto, Mo</u>		23c. DATE SIGNED <u>4-4-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandy Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Mason</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Chupard</u>		ADDRESS <u>Festus Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED APR 1 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed James J. Comerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.