

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37394

| | | | | | | | | | |
|--|------------------------------|--|----------------------|--|---------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 381 | | PRIMARY REG. DIST. NO. 4515 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1059</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Truman</u> | | | b. (Middle) <u>a</u> | | c. (Last) <u>Baldrige</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 11 1952</u> | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1-29-1887</u> | | 9. AGE (In years last birthday) <u>65</u> | 10. IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> | 11. IF UNDER 10 HRS. Hours <u>4</u> Mins. <u>5</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Milan Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Joe D. Baldrige</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Laura Yardley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Beulah Cochran</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>498-21-5182</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Baldrige</u> | | ADDRESS <u>Milan 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> <u>stomach ulcer - many years</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. <u>Operation for perforated gastric ulcer about 20 years ago, more or less</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>about 5 hours</u> | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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) (Min.) | | 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 Oct. 11/1952, to Oct. 11 (death), 1952, that I last saw the deceased alive on Oct. 11, 1952, and that death occurred at 5:45 pm., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. S. Montgomery M.D.</u> | | | | 23b. ADDRESS <u>Milan Mo</u> | | 23c. DATE SIGNED <u>Oct. 15, 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>10-13-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 17-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenberger</u> | | ADDRESS <u>Milan, 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.....

Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address. Milan, 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.