

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9144**

FILED APR 14 1953

BIRTH NO. 124 REG. DIST. NO. 468 PRIMARY REG. DIST. NO. 4119 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark <u>0720</u>	
c. LENGTH OF STAY (in this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) Christian <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian			

3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) M.		c. (Last) Baird		4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>		8. DATE OF BIRTH March 5, 1874	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Tennis		13b. MOTHER'S MAIDEN NAME Angeline Hayworth		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Porter, Ozark, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
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 7 Jan, 1949, to 10 Mar, 1953, that I last saw the deceased alive on 9 Mar, 1953, and that death occurred at 9 30 am, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Ozark, Mo.		23c. DATE SIGNED 13 Mar 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Chasteen Cemetery	
24d. LOCATION (City, town, or county) (State) Christian, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Ozark Mo.	
DATE REC'D BY LOCAL REG. Apr 4, 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.