No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12975

BIRTH NO. FILED MAR 23 195 REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4495 Registrar's No. 33

020
0

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

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethel
c. LENGTH OF STAY (in this place): 79
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dutton Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethel, Mo. 1020
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Alfred
c. (Last): Bair

4. DATE OF DEATH (Month) (Day) (Year): March 17 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 11-1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 6, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Bethel, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Elizabeth Bair.
14. NAME OF ~~HUSBAND~~ OR WIFE: Rosanna Bair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Rosanna Bair Bethel, Mo.

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) 90 o/o of Cody Area Burned — INTERVAL BETWEEN ONSET AND DEATH: Six Hours

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.
E9161
3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 102
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Burned
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bethel Shelby Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 17 53 10A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell into the brush fire

22. *I hereby certify that I attended the deceased from* Mch 17 10AM *19*53*, to* Mch 17 4PM *19*53*, that I last saw the deceased alive on* Mch 17*, 19*53*, and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Dutton DO
23b. ADDRESS: Bethel, Missouri
23c. DATE SIGNED: Mch. 19.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 19-1953
24c. NAME OF CEMETERY OR CREMATORY: Hebron
24d. LOCATION (City, town, or county) (State): 1½ Mi. N.W. of Bethel, Mo.

DATE REC'D BY LOCAL REG.: 3-20-53
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.W. Musgrove Bethel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2719

P. O. Address Bethel 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.