

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16772

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 41

1030

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

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo. 1020	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) WILSON		c. (Last) BAIR		4. DATE OF DEATH (Month) (Day) (Year) 4-14-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-4-1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 60 HRS. Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Joplin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Samuel J. Bair		13b. MOTHER'S MAIDEN NAME Rebecca Gooding		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. E. Bohon, Shelbina, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral hemorrhage		11 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atherosclerosis & Hypertension			
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 331X		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 **Jan 1950** to **4-14**, 19**53**, that I last saw the deceased alive on **4-13**, 19**53**, and that death occurred at **4:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Shelbina, Mo.		23c. DATE SIGNED 4/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-1953		24c. NAME OF CEMETERY OR CREMATORY Hebron Cemty.	
24d. LOCATION (City, town, or county) (State) Bethel M.					

DATE REC'D BY LOCAL REG. 4-17-53		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.	
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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.....

W. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Md*

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.