

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31571

State File No. ....

FILED OCT 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 130

402

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospt.</u>			d. STREET ADDRESS (If rural, give location) <u>1059</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W. Baldrige</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-53</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>3-27-1885</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></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>George Baldrige</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell Dalzell</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Mahue</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Conner - Harris Mo</u> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon (Anast.)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>153X</u>
------------------------------	--	--

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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
--	---	---------------------------------

22. I hereby certify that I attended the deceased from Sept 1st, 1953 to Sept 8th, 1953, that I last saw the deceased alive on Sept 8th, 1953 and that death occurred at 2 pm m., from the causes and on the date stated above.

23a. SIGNATURE <u>Claver F. Juffy MD.</u> (Degree or title) _____	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Sept. 12th</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bracket Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harris - Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-11-53</u>	REGISTRAR'S SIGNATURE <u>Lena Jari</u> _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Schoone</u> _____ ADDRESS <u>Milan - Mo</u>
---	--	---

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 Schoen*

Licensed Embalmer No. 2667

P. O. Address Wuhan, 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.