

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36465**

**FILED NOV 9 - 1953**

REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5712** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>McDONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDONALD</b>	
b. CITY OR TOWN <b>Rocky Comfort, Rural Rt. # 2</b>		c. CITY OR TOWN <b>RURAL. Richmond</b>	
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rocky Comfort, Rural Rt # 2.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home, Address As Above</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b> b. (Middle) <b>JANE</b> c. (Last) <b>Baird</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 2, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>MARCH-6-1958</b>
9. AGE (In years last birthday) <b>95</b>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>7 6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BENJAMIN Stotts</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>C.S. Baird</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. H. Smith, Rocky Comfort, Mo</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Senile Degeneration</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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)			
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 <b>May 1950</b> , to <b>Nov. 2, 1953</b> , that I last saw the deceased alive on <b>Nov. 1, 1953</b> , and that death occurred at <b>9 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James L. Habier</b> (Degree or title) <b>2D O. Wheaton, Mo</b>		23b. ADDRESS	
23c. DATE SIGNED <b>11/4/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>RURAL</b>		24b. DATE <b>11-4-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stotts City, Mo. Rural Et.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 4, 1953</b>		REGISTRAR'S SIGNATURE <b>178 O. E. Plummer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Cope</b>		ADDRESS <b>Wheaton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48  
0600

**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 *James Kenneth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.