

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27923

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>276</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Joplin</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2028 Byers Ave. 0490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marguerite</u> b. (Middle) <u>June</u> c. (Last) <u>Baird</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1954</u>		5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-5-1927</u>		9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gerard Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Raymond Gray</u>		13b. MOTHER'S MÄDEN NAME <u>Bulah Long</u>		14. NAME OF HUSBAND OR WIFE <u>Dorrell Baird</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorrell Baird 2028 Byers</u>		ADDRESS <u>Joplin Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Buller's Polionomyelitis</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
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 checked="" 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)		21f. HOW DID INJURY OCCUR	
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		21g. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>7-25</u> , 19 <u>54</u> , to <u>July 30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 30</u> , 19 <u>54</u> , and that death occurred at <u>10:02 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dorrell Baird MD</u>				23b. ADDRESS <u>805 Frisco Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>8/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gerard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gerard Mo. Ko.</u>	
DATE REC'D BY LOCAL REG. <u>8-9-54</u>		REGISTRAR'S SIGNATURE <u>Ed S. James 138</u> by <u>Delores Lamphie or Thornhill Dillon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill Dillon</u>		ADDRESS <u>Joplin, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1954

DEC 16 1957

RECEIVED AUG 13 1954
Jasper County Health Office
County File Number 54-8-676
Date Filed AUG 13 1954

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.....
Signature of Student Embalmer

Signed *William E. Huddleston*

Licensed Embalmer No. 4770

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.