

No. 300  
10.48

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42054

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6037		Registrar's No. 497	
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION PONDER				d. STREET ADDRESS (If rural, give location) PONDER 0			
3. NAME OF DECEASED (Type or Print) a. (First) PEYTON		b. (Middle) FRANK		c. (Last) BAIRD		4. DATE OF DEATH (Month) (Day) (Year) DEC. 9 - 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN. 15 - 1899	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Days 10		11. IF UNDER 1 HRS. Hours 24		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER + JOE TRAINER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) LOUISVILLE - ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CLINTON BAIRD		13b. MOTHER'S MAIDEN NAME LUELLA ERWIN		14. NAME OF HUSBAND OR WIFE NEVER MARRIED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W. II 334-01-8417		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.E. BAIRD - CENTRALIA - ILLINOIS			
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) Myocardial infarct  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 hours  2 years	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 MAY, 1953, to Dec 9, 1954, that I last saw the deceased alive on Dec 9, 1954 and that death occurred at 8:30 p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank C. Johnson M.D.				23b. ADDRESS Doniphan, MO		23c. DATE SIGNED 12-15-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-16-54		24c. NAME OF CEMETERY OR CREMATORY JOHNSON CHAPEL		24d. LOCATION (City, town, or county) (State) RIPLEY CO. - MISSOURI	
DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE E.D. Johnston 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - DONIPHAN MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1958

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gene H. Parrent*

Licensed Embalmer No. *4809*

P. O. Address *Doniphan, 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.