

no. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5455

FILED MAR 3 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 4276 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>Pierce City</u>	d. Is 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 <u>Edm St</u>		e. STREET ADDRESS (If rural, give location) <u>Edm St 0550</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMBROSE</u> b. (Middle) <u>TOBE</u> c. (Last) <u>BAER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-55</u>		
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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>3-1-1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orchard</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, town, and State or Foreign Country) <u>Bear Town Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Martin Baer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary March</u>		14. NAME OF HUSBAND OR WIFE <u>Mama Baer</u>	
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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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mama Baer</u> ADDRESS <u>Pierce City Mo</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Verminosity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>10 yrs</u>	
		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"/>	
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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) <u>331X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 2-10, 1951, to 2-19, 1955, that I last saw the deceased alive on 2-10, 1955, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Edwards M.D.</u>		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>2-26-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-26-55</u>		REGISTRAR'S SIGNATURE <u>John P. Davis 3467</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Baer</u> ADDRESS <u>Pierce City Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1957

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 Edwin Wilks..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 411

P. O. Address Pierce City

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.