

No. 300
10. 48

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 3150 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Rural Hamilton</u>		c. CITY OR TOWN <u>Rural Hamilton Twp.</u>	
c. LENGTH OF STAY (If in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi south of Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESSIE</u> b. (Middle) <u>MARGUARD</u> c. (Last) <u>BAIRD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 8, 1908</u>
9. AGE (In years last birthday) <u>47</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY		
13a. FATHER'S NAME <u>Lessie Baird</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Baird</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>495-07-0488</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norma Baird</u> ADDRESS <u>Hamilton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electric Shock</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. <u>Comatose Since Shock 2 yrs Ago -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Office Bldg.</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Hamilton Caldwell Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 28 1955 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Came in Contact with Ground with</u>	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>54</u> , to <u>12-13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>55</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank R. Daley, M.D.</u>		23b. ADDRESS <u>Hamilton, Mo.</u>	23c. DATE SIGNED <u>12-15-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-19-55</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris A. B... Hamilton</u>	ADDRESS <u>Hamilton Mo.</u>

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

(Licensed Embalmer's Statement on Reverse Side)

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton, 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.