

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **41557**

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **52**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		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 <b>121 E. Main, st.</b>		e. STREET ADDRESS (If rural, give location) <b>625 N. Monterey</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Baylor</b> c. (Last) <b>Baylor</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec 26 1955</b>		
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<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>Sept 25, 1918</b>		<b>9. AGE</b> (In years last birthday) <b>37 yrs.</b>		if UNDER 1 YEAR Months Days		if UNDER 24 HOURS Hours Min.	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Railroad Shops</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas City, Kansas</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S. A.</b>		
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<b>13a. FATHER'S NAME</b> <b>Charles Baylor Sr.</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lula Cowins</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Suzanna Baylor</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.II</b>		<b>16. SOCIAL SECURITY NO.</b> <b>492-18-9956</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Suzanna Baylor - Sedalia, Mo</b>		<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage Due to Gun shot wounds.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>981X</b>						<b>INSTANTLY</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Homicide</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>121 East Main st.</b>		<b>21c. CITY, TOWN, OR TOWNSHIP</b> <b>Sedalia, Pettis, Missouri</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>12 26 1955 1:50 a.m.</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>Sunset wounds.</b>					
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:50 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>F. S. Stoffacher, M.D. Coroner Pettis County</b>		<b>23b. ADDRESS</b> <b>8 Ohio - Sedalia, Mo</b>		<b>23c. DATE SIGNED</b> <b>12-28-55</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Dec. 29 1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill Annex Cemetery Sedalia</b>		<b>24d. LOCATION</b> (City, town, or county) <b>MO.</b>		<b>(State)</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>12-28-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>W. J. Campbell, M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Eric Oberndorf</b>		<b>ADDRESS</b> <b>400 W. Conquest</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1945

JAN 22 1945

JAN

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 *Eric Alfred*

Licensed Embalmer No. *424*

P. O. Address *Sedalia*

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.