

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44507**

|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                         |  |                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                            |  | REG. DIST. NO. <b>381</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | PRIMARY REG. DIST. NO. <b>6179</b>                                                                                                      |  | Registrar's No. <b>9</b>                                                                                                                       |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Sullivan</b>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Sullivan</b> |  |                                                                                                                                                |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Millan Rural</b>                                                                                                                                                                       |  | c. LENGTH OF STAY (in this place) _____                                                                                                                                                                                                                                                                                                                                                                                                |  | c. CITY OR TOWN <b>Millan</b>                                                                                                           |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>103.0</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kidney Twp</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | e. STREET ADDRESS (If rural, give location) <b>Jackson Twp. 103.0</b>                                                                   |  |                                                                                                                                                |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                     |  | a. (First) <b>Alva</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | b. (Middle) <b>Wilson</b>                                                                                                               |  | c. (Last) <b>Baldrige</b>                                                                                                                      |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                           |  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 6-1956                                                                                                                                  |  |                                                                                                                                                |  |
| 5. SEX <b>M</b>                                                                                                                                                                                                                                            |  | 6. COLOR OR RACE <b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                                                   |  | 8. DATE OF BIRTH <b>8-15-1877</b>                                                                                                              |  |
| 9. AGE (In years last birthday) <b>79</b>                                                                                                                                                                                                                  |  | 10. UNDER 1 YEAR Months <b>3</b> Days <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson Twp. Sullivan Co Mo</b>                                                   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>                                                                                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. NAME OF HUSBAND OR WIFE <b>Kate McCabe</b>                                                                                          |  |                                                                                                                                                |  |
| 13a. FATHER'S NAME <b>Benton Baldrige</b>                                                                                                                                                                                                                  |  | 13b. MOTHER'S MAIDEN NAME <b>Emerett McCort</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 14. NAME OF HUSBAND OR WIFE <b>Kate McCabe</b>                                                                                          |  |                                                                                                                                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                                |  | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                                                                                                                                                                                                                          |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Kate Baldrige</b> ADDRESS <b>Millan Mo</b>                                                         |  |                                                                                                                                                |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremic Poisoning</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>nephritis - chronic -</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                         |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 da.</b><br><b>2 yrs</b>                                                                              |  |
| 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) <b>592x</b>                                                                             |  |                                                                                                                                                |  |
| 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? _____                                                                                                        |  |                                                                                                                                                |  |
| 22. I hereby certify that I attended the deceased from <b>Nov. 1912</b> , to <b>Dec 6, 1916</b> , that I last saw the deceased alive on <b>Dec. 6, 1916</b> , and that death occurred at <b>8:30 p. m.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                         |  |                                                                                                                                                |  |
| 23a. SIGNATURE <b>Edna Imperia D.O.</b> (Degree or title)                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 23b. ADDRESS <b>Millan</b>                                                                                                              |  | 23c. DATE SIGNED <b>12-8-56</b>                                                                                                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                    |  | 24b. DATE <b>12-8-56</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Deeds Cem.</b>                                                                                    |  | 24d. LOCATION (City, town, or county) (State) <b>Sullivan Co Mo</b>                                                                            |  |
| DATE REC'D BY LOCAL REG. <b>12-10-56</b>                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Schepelers</b> ADDRESS <b>Millan Mo.</b>                                                            |  |                                                                                                                                                |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *Dwight Schoene*

Licensed Embalmer No. *2667*

P. O. Address *Milan, W*

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.