

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7987**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. CITY OR TOWN Excelsior Springs	
c. LENGTH OF STAY (In this place) 1 day		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 Excelsior Springs Hospital		STREET ADDRESS (If rural, give location) 521 Kansas City Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Drake c. (Last) Baird			4. DATE OF DEATH (Month) (Day) (Year) March 2, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5, 1896		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Lumber yard		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Monroe Baird		13b. MOTHER'S MAIDEN NAME Frances Elizabeth Crouch		14. NAME OF HUSBAND OR WIFE Hazel Alspaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 491-01-8356		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hazel Baird, Excelsior Springs Mo.	

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) Very focal Fibreillation ANTECEDENT CAUSES (b) Coronary Thrombosis & myocardial infarction DUE TO (c) Coronary atherosclerosis II. OTHER SIGNIFICANT CONDITIONS (d) none Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 min. 7 H.P.s. sub.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4901		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **3-2**, 19**57**, to **3-2**, 19**57**, that I last saw the deceased alive on **3-2**, 19**57**, and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Blumstein M.D.		23b. ADDRESS Excelsior Springs Mo.		23c. DATE SIGNED 3-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5, 1957		24c. NAME OF CEMETERY OR CREMATORY Cowgill	
				24d. LOCATION (City, town, or county) (State) Cowgill Misso uri	

DATE REC'D BY LOCAL REG. 3-6-57		REGISTRAR'S SIGNATURE Baroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



SEP 29 1959

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 *Lindell Jarman*

Licensed Embalmer No. *4589*
Excelsior Springs
P. O. Address

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.