

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30669

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>Kirkville</u> <u>0100</u>	
e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin St.</u>		d. STREET ADDRESS <u>R.F.D. # 3</u>	
3. NAME OF DECEASED (Type or print) First <u>FREDERICK</u> Middle <u>RAYMOND</u> Last <u>BAITTY</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 2, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Highway Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Washington, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Baitty</u>		14. MOTHER'S MAIDEN NAME <u>Rosella Noel</u>	
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.	
17. INFORMANT <u>Mrs. Fred Baitty, R.R. 3, Kirkville</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1</u> DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>11:15 AM</u> Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 15</u> to <u>Sept 23</u> and last saw her alive on <u>Sept 23</u> Death occurred at <u>11:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. H. Martineau</u> (Degree or title)		22b. ADDRESS <u>Kirkville, Missouri</u>	22c. DATE SIGNED <u>9-25-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-25-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen City, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Queen City Missouri</u>
24. FUNERAL DIRECTOR <u>Davis &amp; Davis</u> ADDRESS <u>Kirkville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-1947</u>	26. REGISTRAR'S SIGNATURE <u>Davis W. Ratliff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Robert B. Harris*

Licensed Embalmer No. *42*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.