

Health, Yellfare
Public Service

STANDARD CERTIFICATE OF DEATH

34728

FILED OCT 16 1957

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 242

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-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Armstrong Nursing Home		d. STREET ADDRESS (If outside, give location) 918 Buchanan	
3. NAME OF DECEASED First Lillie Middle Last Baldrige		4. DATE OF DEATH Month Oct. Day 9, Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 25, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Shoe	9. AGE (In years by birthday) 79
11. BIRTHPLACE (City and state or country) Boone Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Baldrige		13b. MOTHER'S MAIDEN NAME Sallie Wilson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown)) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mrs. Robert Huddleston, Mexico, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebra vasculer accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			INTERVAL BETWEEN ONSET AND DEATH 12 hours
20g. 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 _____ 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 Oct 8 57 to Oct 9 - 57 and last saw her alive on Oct 9 - 57 Death occurred at 6:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold S. Lanfear M.D.		22b. ADDRESS Mexico Mo	
22c. DATE SIGNED 10-11-57			
23a. BURIAL, CREMATION, REPOY (Specify) Burial	23b. DATE Oct. 11, 57	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
24. FUNERAL DIRECTOR ADDRESS Precht-Hueston Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Oct 11-1957	26. REGISTRAR'S SIGNATURE Blanche Geely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Missouri	Mexico	Missouri	Mexico
X	X	X	X
Missouri	Mexico	Missouri	Mexico
X	X	X	X
Oct. 9, 1927	Feb. 25, 1878	Lillie	Lillie
	X	Female	Female
U.S.A.	Boone Co., Mo.	Shoemaker	Shoemaker
	Sallie Wilson	John W. Bridggs	John W. Bridggs
Mrs. Robert Huddleston, Mexico, Mo.	No	No	No

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 Signed *Earl E. Priddy*
 Signature of Student Embalmer

Licensed Embalmer No. **3189**
 P. O. Address **Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

Mexico, Mo. Trecht-Houston