FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1962

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 14-58

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lanagan
c. LENGTH OF STAY (In this place) 13 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lanagan Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Anderson 0600
d. STREET ADDRESS (If rural, give location) in town 0

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) c. (Last) Baird

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH August 24, 1863
9. AGE (In years last birthday) 94 | If under 1 year: Months 5 Days 13 | If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Streeter, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Featherby
13b. MOTHER'S MAIDEN NAME Sarah Snover
14. NAME OF HUSBAND OR WIFE Wm. T. Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clive F. Starkey Anderson, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
20. AUTOPSY? 0 YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-28, 1958, *to* 2-6, 1958, *that I last saw the deceased alive on* 2-6-58, 19____, *and that death occurred at* 8:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE O. O. Boyer (Degree or title) M.D.
23b. ADDRESS Noel, Mo
23c. DATE SIGNED 2/6/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/8/58
24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery
24d. LOCATION (City, town, or county) (State) Neosho, Missouri.

DATE REC'D BY LOCAL REG. Feb 6, 1958
REGISTRAR'S SIGNATURE Mary A. Bradley
25. FUNERAL DIRECTOR'S SIGNATURE Rapp Funeral Home
ADDRESS Anderson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.