

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46421-58

58-028969
STATE FILE NUMBER

FILED AUG 18 1958		Registration District No. 142		Primary Registration District No. 58376		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside city limits, give township only) OR TOWN Mtn. View		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Willow Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b Minutes		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Infant Middle Girl Last BALDRIDGE				4. DATE OF DEATH Month Aug. Day 1 Year 1958			
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 8-1-58	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months 0 Days 0 Hours 0 Min. 2		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (City and state) Mtn. View, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Elmo Baldridge				14. MOTHER'S MAIDEN NAME Barbara Groom			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Elmo Baldridge, Willow Spgs. 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) Prematurity [14 WKS] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown causes of DUE TO (c) over work of mother 776X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Mother lost her 1st preg - tendency to abort.							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH					
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 6:30 PM a. m. 6 p. m. 30		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 Willow Springs, Mo.		COUNTY Howell		STATE Missouri	
21. I attended the deceased from 8-1-58 to 8-1-58 and last saw her alive on 8-1-58 Death occurred at 6:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. B. Miller, M.D.				22b. ADDRESS Willow Springs, Mo.		22c. DATE SIGNED 8/8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-2-58		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
24. FUNERAL DIRECTOR Burns, Willow Springs, Mo.				25. DATE RECD. BY LOCAL REG. 8-11-58		26. REGISTRAR'S SIGNATURE Laura Mitchell	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

" NO EMBALMING "

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.