

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007832  
STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 12

FILED MAR 27 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton Mo.</u>		c. CITY OR TOWN <u>Polo</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hamilton Rest Home</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Claude M.</u> Middle <u>Baird</u> Last <u>Baird</u>			4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1961</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>8-22-1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machine shop.</u>		11. BIRTHPLACE (City and state or country) <u>Ray Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Washington Baird</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Baird</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			17. INFORMANT Address <u>Estyl Baird 4212 Adams St. C. Kang</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
IMMEDIATE CAUSE (a) <u>Laryngospasm</u>		
DUE TO (b) <u>Inspiration of food</u>		
DUE TO (c) <u>Choked on food while eating dinner</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia, old, 10 years - Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Choked on food while eating dinner</u>	
20c. TIME OF INJURY Hour <u>11:00 A.M.</u> Month, Day, Year <u>3-15-61</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hamilton's Rest Home</u>	20f. CITY, TOWN, OR LOCATION <u>Hamilton</u>	COUNTY <u>Caldwell</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>1957</u> to <u>3-15-61</u> and last saw her/him alive on <u>3-12-61</u> Death occurred at <u>11:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>J. P. Daley M.D.</u>	22b. ADDRESS <u>Hamilton, Missouri</u>	22c. DATE SIGNED <u>3-15-61</u>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-18-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Rolland Twp (Caldwell) Mo</u>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <u>Alsbaugh + Cowley</u>	ADDRESS <u>Polo Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 21-61</u>	26. REGISTRAR'S SIGNATURE <u>Gladya Jones</u>
--	----------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

**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 Erwin L. Howley

Licensed Embalmer No. 4924

P. O. Address Polo, 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.