

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010188

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61

Primary Registration District No. 407

Registrar's No. 56

STATE FILE NUMBER

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Eldorado Springs

Length of stay in lb

13 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Cedar Co. Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedar

c. CITY  
OR  
TOWN

Eldorado Springs

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

George

Middle

Edward

Last

Baldrige

4. DATE  
OF  
DEATH

Month

March

Day

12

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/29/1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months Days

13

IF UNDER 24 HR

Hours Min.

13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rail road employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Monroe City Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John T. Baldrige

13b. MOTHER'S MAIDEN NAME

Martha Rose See

14. NAME OF HUSBAND OR WIFE

Grace Whittlesey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

702-16-7050

17. INFORMANT

Charley Baldrige

Address

Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic congestive heart failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

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 1960 to 3/12/62 and last saw her alive on 3/12/62  
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Mager M.D.

22b. ADDRESS

808 S. Main, El Dorado Springs, 1962

22c. DATE SIGNED

3/13/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

3/12/62

23c. NAME OF CEMETERY OR CREMATION

Sheldon, cemetery

LOCATION (City, town, or county)

Vernon Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beeny Funeral Home Sheldon, Mo. 3/15/62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Joe E. Durham per R.M.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10201

20201

3

4 0

5 Z

6

7 0

8 Z

94200

10

11

12 1-0

13 1-0

MAY 3 1962

**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 S. Bernard Buemy

Licensed Embalmer No. 4161

P. O. Address Shelton 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.