

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038513
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 73
FILED NOV 5 1962

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 <u>0460</u>		
2 <u>0460</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>1</u>		
8 <u>2</u>		
9 <u>331X</u>		
10	INSTEAD OF	BY AFFIDAVIT OF
11		
12 <u>90-0</u>		
13 <u>3-0</u>		

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Willow Springs</u>		Length of stay in 1b <u>Yrs.</u>	c. CITY OR TOWN <u>Rt.#2 Willow Springs</u> Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) <u>Willow Springs, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EASTMAN</u> Last <u>BALDRIDGE</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>31</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>1/31/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>80</u>
13a. FATHER'S NAME <u>Henry Baldridge</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Preston Baldridge</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Stella Baldridge, Willow Spgs, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Vascular accident.</u> DUE TO (c) <u>Arterio Sclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			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 <u>.</u> a.m. <u>.</u> 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 <u>Willow Springs, Mo.</u>	
21. I attended the deceased from <u>12/6/55</u> to <u>10/31/62</u> and last saw her alive on <u>10-28-62</u> Death occurred at <u>Approx. 4:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Harold W. Miller, M.D.</u>		22b. ADDRESS <u>Willow Springs, Mo.</u>	22c. DATE SIGNED <u>11-1-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/2/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	23d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/3/62</u>	26. REGISTRAR'S SIGNATURE <u>Bugie B...</u>

NOV 7 1962

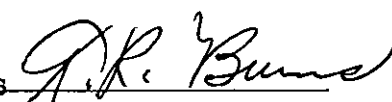
DEC 7 1962

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 T. R. Burns



Licensed Embalmer No. 4216

P. O. Address Willow Springs, 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.