MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-016813
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0650
2 1050
3 2
4 1
5 2
6
7 0
8 2
9 42228
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 35

FILED MAY 14 1963

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Medicine Township — Length of stay in 1b: 4 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4 mi. E. Spickard — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Sullivan
c. CITY OR TOWN: Harris, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dott Middle: M. Last: Baldridge
4. DATE OF DEATH: Month: May Day: 8 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-4-87
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 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:
11. BIRTHPLACE (City and state or country): Milan, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Alexander Mayhough
13b. MOTHER'S MAIDEN NAME: Bertha West
14. NAME OF HUSBAND OR WIFE: George W. Baldridge
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: Mrs Lonnie Wendt, Spickard, Mo.

MEDICAL CERTIFICATION

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 myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): gangrenous ulcer — 2 mo
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture surgical neck left hip
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 1/15/63 to 5/8/63 and last saw ~~him~~ her alive on 5/11/63
Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) D.O.
22b. ADDRESS: Harris Mo
22c. DATE SIGNED: 5/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-10-63
23c. NAME OF CEMETERY OR CREMATORY: Brackett
23d. LOCATION (City, town, or county) (State): Sullivan Co. Mo.
24. FUNERAL DIRECTOR: Judd & Payne, Newtown, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 5-9-63
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained 5-9-63 N.M.

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. Howard Judd

Licensed Embalmer No. 3240

P. O. Address Newtown Md

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.