

FILED APR 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8180

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4216 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY OR TOWN <i>Calhoun</i>		c. CITY OR TOWN <i>Calhoun</i>	
c. LENGTH OF STAY (in this place) <i>20 yrs</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <i>Effie</i>	b. (Middle) <i>Druscilla</i>	c. (Last) <i>Baüder</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>April 7 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Dec 1 1872</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>2</i>		11. BIRTHPLACE (State or foreign country) <i>Hickory County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Charles D Kroff</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Greene</i>	14. NAME OF HUSBAND OR WIFE <i>W J Baüder</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Delayed by Short</i> <i>20835 Truman Rd. Shaker Heights, O</i>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		<i>3</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary insufficiency</i>		<i>2 yrs</i>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>400 01</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1*, 1949, to *April 7*, 1949, that I last saw the deceased alive on *April 9*, 1949, and that death occurred at *5:30 Am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ray B Jordan M.D.</i>	23b. ADDRESS <i>Windsor Mo</i>	23c. DATE SIGNED <i>4-7-49</i>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <i>April 10</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calhoun Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Calhoun Mo</i>
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DATE REC'D BY LOCAL REG. <i>4-7-49</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	422	FUNERAL DIRECTOR'S SIGNATURE <i>W H Housley</i>	ADDRESS <i>Calhoun Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 349-339

Date Filed 4-11-49

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J A Housey

Licensed Embalmer No. 3502

P. O. Address Calhoun Knw

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 this body is not embalmed, fact should be so stated above.