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FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22705

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4056 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Fisk, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Fisk, Mo.</b> COUNTY <b>Putler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fisk, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fisk, Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Sarah Jane, Baldrige,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July, 3, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 8, 1873.</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Month   Day   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pensioner</b>	11. BIRTHPLACE (State or foreign country) <b>Aid. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>S amuel Cooper</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Anderson,</b>	14. NAME OF HUSBAND OR WIFE <b>K. O. L. Baldrige, Fisk, Mo.</b>
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'S SIGNATURE OR NAME <b>K. O. L. Baldrige,</b>
		ADDRESS <b>Fisk, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>1 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>33 1/2</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 **May 19 49** to **July 3, 19 49**, that I last saw the deceased alive on **July 2, 19 49**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. S. Salling</b>	(Degree or title) <b>D. O. H.</b>	23b. ADDRESS <b>Fisk Mo.</b>	23c. DATE SIGNED <b>July 11/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>July 6, 49</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>Harper cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Aid, Mo.</b>

DATE REC'D BY LOCAL REG. <b>July 12, 1949</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Service,</b>	ADDRESS <b>Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 RECD  
BUTLER COUNTY HEALTH CENTER  
POPULAR BLUFF, MISSOURI

749-189

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.