

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25445

State File No.

BIRTH NO. FILED AUG 9 - 1952 REG. DIST. NO. 801 PRIMARY REG. DIST. NO. 4450 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY Ripley 0910		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ripley 0910	
b. CITY OR TOWN Doniphan,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ponder 0	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) Ponder, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Clinton	b. (Middle) Foster	c. (Last) Baird	7-11-1952		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 12-31-1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Illinois 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Adam Q. Baird	13b. MOTHER'S MAIDEN NAME Mary Ann Foster	14. NAME OF HUSBAND OR WIFE
----------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Peyton Baird Ponder, Mo.	ADDRESS
--	------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma (primary in sigmoid)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9.2 years</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Metastases to Intestines & Liver</i> DUE TO (c) <i>incurable</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 7-5-1952 to 7/11-1952; that I last saw the deceased alive on 7/11-1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank C. Johnson M.D.</i>	23b. ADDRESS <i>Doniphan Mo.</i>	23c. DATE SIGNED <i>7/17/52</i>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-1952	24c. NAME OF CEMETERY OR CREMATORY Johnson Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Ponder, Mo.
--	---------------------	--	---

DATE REC'D BY LOCAL REG. 7-21-52	REGISTRAR'S SIGNATURE <i>W. Johnston 2775</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>L.W. Edwards</i>	ADDRESS Doniphan, Mo.
----------------------------------	---	--	-----------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

George A. Kerby

Signed.....
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.