No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24183

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brunswick
c. LENGTH OF STAY (In this place): 8-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Keyts St R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brunswick Mo. 0210 0
d. STREET ADDRESS (If rural, give location): Keyts St R.R.

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Henry
c. (Last): Baldridge

4. DATE OF DEATH (Month) (Day) (Year): July 9th, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: Sept. 24th, 1883

9. AGE (In years last birthday): 69 — If under 1 year: Months 9, Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (City and State or Foreign Country): Chariton County Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Robert Baldridge

13b. MOTHER'S MAIDEN NAME: Millie Beahm

14. NAME OF HUSBAND OR WIFE: Susie Baldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-30-7105

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Henry Beardin
ADDRESS: Brunswick, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — Interval between onset and death: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Thrombosis — 3 days

DUE TO (c) Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 332 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1952 *to* July 9, 1953 *that I last saw the deceased alive on* July 9, 1953 *and that death occurred at* 6:15 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clement Foster D.O.

23b. ADDRESS: Keytesville, Mo

23c. DATE SIGNED: July 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 11th, 1953

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Keytesville, Mo.

DATE REC'D BY LOCAL REG.: July 11-53

REGISTRAR'S SIGNATURE: Mildred Brown

25. FUNERAL DIRECTOR'S SIGNATURE: Walter Brown
ADDRESS: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1950

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keyesville M

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.