

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38023

FILED OCT 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Essex</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Essex</b>		d. STREET ADDRESS (If rural, give location) <b>1230</b> <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>			b. (Middle) <b>Birtie</b>		c. (Last) <b>Baird</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 28, 1886</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Poseyville, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>		
13a. FATHER'S NAME <b>Jerome Baird</b>			13b. MOTHER'S MAIDEN NAME <b>America Shields</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Baird</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lillie Baird, Essex, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6/15-53</b> <b>To</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4342</b>						
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) (Min.)		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 <b>6-15-53</b> to <b>Oct 12, 1953</b> , that I last saw the deceased alive on <b>Oct 8, 1953</b> , and that death occurred at <b>9:50 Am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>J. L. Brander, M.D.</b>				23b. ADDRESS <b>Essex, Mo</b>		23c. DATE SIGNED <b>Oct 16 53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Essex</b>		24d. LOCATION (City, town, or county) (State) <b>Essex, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Oct. 21, 1953</b>		REGISTRAR'S SIGNATURE <b>Rose Webber</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>				

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

10301

**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. 3479

P. O. Address West Wyo.

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.