

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13069**

FILED MAY 7 1954

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **4459** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Todd's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Georgia E. b. (Middle) Thompson c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) April, 19, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Mar. 13, 1885	9. AGE (In years) (If under 1 year last birthday) (If under 12 mos. Months) (Days) (Hours) (Min.) 69	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) h wife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Plattsburg Mo	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME Woodward	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE James O. Baker
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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. 491-22-4549	17. INFORMANT'S SIGNATURE OR NAME Welfare Office - Osceola	ADDRESS _____
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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) Cerebral Hemorrhage		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH ?
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 331X	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **4-17, 1954**, to **4-19, 1954**, that I last saw the deceased alive on **4-19, 1954**, and that death occurred at **8:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Frank Todd, M.D. (Degree or title)	23b. ADDRESS Osceola, Missouri	23c. DATE SIGNED 4-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-22-54	24c. NAME OF CEMETERY OR CREMATORY Plattsburg Missouri	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 5-1-54	REGISTRAR'S SIGNATURE Paul H. Seavers	25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich - Osceola	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0920

0920

JUN 2 1954

JUN 7 1954

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 *J.B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *[Handwritten 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.