

300
48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19172

FILED JUN 17 1955

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hiway 166 Rural Union		c. CITY OR TOWN Monett	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) None		STREET ADDRESS (If rural, give location) 534 Scott St 0051	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) Hugh	c. (Last) Baird	4. DATE OF DEATH (Month) (Day) (Year) June 1, 1955
-------------------------------------	-------------------	------------------	-----------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 29, 1932	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
-------------	------------------------	--	----------------------------------	------------------------------------	------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipe fitter	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Rogers, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
---	---------------------------------------	---	----------------------------------

13a. FATHER'S NAME Hugh Baird	13b. MOTHER'S MAIDEN NAME Ruth Rhoades	14. NAME OF HUSBAND OR WIFE ---
-------------------------------	--	---------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Korean 495-40-6696	17. INFORMANT'S SIGNATURE OR NAME Hugh Baird, Monett, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries Multiple Extremities		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures DUE TO (c) Fractures multiple leg lower		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Externally			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8161 26	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Hi way 166	21c. (CITY, TOWN, OR TOWNSHIP) Union 849 (COUNTY) Jasper (STATE) Mo.
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? Collision with large transport truck

22. I hereby certify that I attended the deceased from did not attend, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wendell W. Brown, Jr. M.D.</u>	23b. ADDRESS <u>1211 N. 1st St. Joplin</u>	23c. DATE SIGNED 6-1-55
--	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-3-1955	24c. NAME OF CEMETERY OR CREMATORY Rogers, Arkansas	24d. LOCATION (City, town, or county) (State)
---	--------------------	---	---

DATE REC'D BY LOCAL REG. 6-3-55	REGISTRAR'S SIGNATURE <u>W. Clinton</u> 139	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.
---------------------------------	---	--

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

JUN 24 1954

0267571100

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.....
Signature of Student Embalmer

Signed..... *Frank W. Krell*

Licensed Embalmer No. *444*

P. O. Address *Carthage*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.