

FILED DEC 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37398**Registrar's No. **362**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 362	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		0537	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 213 N. Jefferson St.			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Hollison c. (Last) Baird			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1956				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 29 1915	
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty College instructor		11. BIRTHPLACE (State or foreign country) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Albert Baird		13b. MOTHER'S MAIDEN NAME Flossie Dickerson		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Flossie Baird ADDRESS Lebanon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown of antecedent causes DUE TO (b) paracoccus - meteo DUE TO (c) to live II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157.X				INTERVAL BETWEEN ONSET AND DEATH 2 mos	
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 Nov. 24, 1956 , to Dec 6, 1956 that I last saw the deceased alive on Dec 6, 1956 and that death occurred at 7:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Lowell D. Leppelbach M.D. (Degree or title)				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 12/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/9/56		24c. NAME OF CEMETERY OR CRYPTORY City Cemetery		24d. LOCATION (City, town, or county) (State) Lebanon, Mo.	
DATE REC'D BY LOCAL REG. 14 Dec 1956		REGISTRAR'S SIGNATURE R.P. Norris, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE MR. Holman ADDRESS Lebanon, Mo.			

(Licensed Embalmer's Statement on Reversal of Side)

Lorraine Jones

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.