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4368 154

CERTIFICATE OF DEATH

FILED

SEP 19 1973

Registration District No. 245

Primary Registration District No.

Registrar's No.

DO NOT WRITE ON THIS STUB

VS 300

Rev. 11/72

7b-c 4530

7d 90003

8. 29

14a. 29

14b. 009

14c-d 25702

14e.

23. 2

26a. 2

18-U 7963

18-S-1.

18-S-2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Marie Florence		Baldrige			Female	July 13, 1973			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
4. White		50	Mo. 50	Days 50	Mar. 8, 1923	7a. Newton			
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Wentworth		7c. Yes	7d. Highway J, Wentworth Missouri						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
9. Missouri		10. U.S.A.		11. Divorced					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
12. 487-62-1885		13a. House Wife		13b. Ownhome					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER		
14a. Mo.		14b. Barry	14c. Purdy		14d. No	14e.	14f. Route #1		
FATHER—NAME				FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Amzy Hilton				FIRST	MIDDLE	LAST	Elva Rice		
(INFORMANT—NAME)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17b. Amzy Hilton				17c. Box 44 Ritchy, Missouri 64860					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE		(a) Presumed to be natural causes, investigation due to, or as a consequence of:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) could determine no clearcut immediate cause of death							
		(c) cause of death							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19b. Yes		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c. Yes	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.		20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			
20e.		20f.		20g.		20h.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. DECEASED FROM		21b.		21c.		21d.		21e.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD			
22a.				22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)				MO. LICENSE NO.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Henry Freund				23b.		23c. [Signature] Coroner		23d. Sept. 17, 1973	
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO., CITY OR TOWN, STATE		STATE		ZIP	
23a.				23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)				CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial				24b. Maple Park Cem.		24c. Aurora, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR					
24d. July 17, 1973		24e. Peterson Funeral Home 229 W. Church Aurora, Mo. 65605		24f. 9-17-73					
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. [Signature]		25b. 9		25c. [Signature]		25d.			

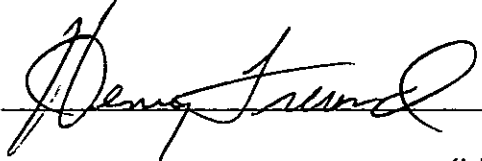
Type or print in PERMANENT BLACK INK. See handbook for instructions.

Embalmer's Certificate

**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  \_\_\_\_\_

Licensed Embalmer No. 5444

P. O. Address Neosho, Mo. 64850

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.