

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22414**

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

133

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>204</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, give name and location) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Livonia</u>		86			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Graves Smith Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>M. Ham</u> b. (Middle) <u>Morris</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1949</u>						
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>MARCH 18 1884</u>			
9. AGE (in years last birthday) <u>65</u>		if UNDER 1 YEAR Months <u>3</u> Days <u>22</u>		if UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler County Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Edmund</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Ann Brewer</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Edith Baker</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SADIE BAKER</u> ADDRESS <u>LIVONIA, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line or (a), (b), and (c) <i>What does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUE TO (b) <u>Hypertension</u>				12 days	
				DUE TO (c) _____				3 yrs	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/24/49	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6-28, 1949</u> to <u>7-10, 1949</u> , that I last saw the deceased alive on <u>7-10, 1949</u> and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>7-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JIM TOWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SCHUYLER COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Unionville Mo</u>					

JUL 18 1949
JUL 18 1949

APR 5 1949

JUL 19 1949
RECEIVED
District Health Officer No. _____
District File Number 7-49-12
Date Filed JUL 19 1949

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.

Signed _____
Student Embalmer

Signed Richard P. Cassidy
Licensed Embalmer No. 4617
P. O. Address Spicerville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 22714
Local Registrar's No. 204

State of Missouri
County of Putnam } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of August, 1949, before me appears.....

Marvell Durbin, who, upon her oath, states that the original record of ^{birth}~~death~~

for William Morris Baker, ^{died}~~born~~ July 10, 1949, in the State of Missouri, and which was filed at Jefferson City on July 21, 1949 should be corrected as follows:

Item No. 2.b. should read Putnam

Instead of Schgyler

Item No. 8 should read 1884

Instead of 1883

Item No. 13.a. should read Edmund Baker

Instead of Edwin Baker

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marvell Durbin None
Relationship.

Unionville, Missouri
Present Address.

Subscribed and sworn to before me this 3rd day of August, 1949.....

My Commission expires Jan 20 - 1952 J. Stewart Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

3-22414