

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27225

State File No.

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

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 153	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Purcell - RURAL, MINERAL TWP)		c. LENGTH OF STAY (in this place) 35 yr		c. CITY (If outside corporate limits, write RURAL and give township) Purcell - RURAL, MINERAL TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Street				d. STREET ADDRESS (If rural, give location) Oak Street			
3. NAME OF DECEASED (Type or Print) a. (First) BARBARA		b. (Middle) ELLEN		c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 15, 1907	
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR (Month) (Day) 11 24		IF UNDER 24 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Henderson		13b. MOTHER'S MAIDEN NAME Lula M. Edland		14. NAME OF HUSBAND Merrill Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Merrill Baker Purcell, 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) Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction DUE TO (c) Metastatic Lymphosarcoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1798	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 Feb 1949 to Sept 9, 1949 , that I last saw the deceased alive on Sept 9, 1949 , and that death occurred at 10:35 AM from the causes and on the date stated above.							
23a. SIGNATURE Will Webb M.D. (Degree or title)				23b. ADDRESS 924 N. Sangharby Webb		23c. DATE SIGNED Sept 9, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-49		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage Missouri	
DATE REC'D BY LOCAL REG. SEPT. 9, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge-Lewis Webb City, Mo.			

RECEIVED 9-12-49

Jasper County Health Office

County File Number 49-8-696

Date Filed 9-13-49

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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

Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.