

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10132

2681

|                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                                                |                                                                                                                 |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| BIRTH NO.                                                                                                                                                                                                                                               |                                                                                                                                                      | REG. DIST. <b>318</b>                                                                                                          | PRIMARY REG. DIST. <b>1003</b>                                                                                  | Registrar's No.                                                          |
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                          |                                                                                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Arkansas</b><br>b. COUNTY |                                                                                                                 |                                                                          |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>                                                                                                                                                     |                                                                                                                                                      | c. LENGTH OF STAY (in this place)                                                                                              | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>West Fork</b> <b>8030</b> |                                                                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Frisco Hospital</b>                                                                                                                                                                                       |                                                                                                                                                      | d. STREET ADDRESS (If rural, give location)<br><b>8</b>                                                                        |                                                                                                                 |                                                                          |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                  |                                                                                                                                                      | a. (First) <b>Mark</b>                                                                                                         | b. (Middle) <b>Frank</b>                                                                                        | c. (Last) <b>Baker</b>                                                   |
| 4. DATE OF DEATH                                                                                                                                                                                                                                        |                                                                                                                                                      | (Month) <b>March</b>                                                                                                           | (Day) <b>18</b>                                                                                                 | (Year) <b>1950</b>                                                       |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>White</b>                                                                                                                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                       | 8. DATE OF BIRTH<br><b>5-12-1889</b>                                                                            | 9. AGE (In years last birthday) (Specify)<br><b>60</b>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Section Foreman</b>                                                                                                                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>                                                                                                 | 11. BIRTHPLACE (State or foreign country)<br><b>Ark.</b>                                                                       |                                                                                                                 | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>                              |
| 13a. FATHER'S NAME<br><b>Henry Baker</b>                                                                                                                                                                                                                |                                                                                                                                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Edna Trague</b>                                                                                |                                                                                                                 | 14. NAME OF HUSBAND OR WIFE<br><b>Viola Baker</b>                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                                                                                                                                                                                       | 16. SOCIAL SECURITY NO.                                                                                                                              | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Viola Baker</b>                                                                        |                                                                                                                 |                                                                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                                                                                                                                                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Encephalitis</b>                                        |                                                                                                                                |                                                                                                                 | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 weeks</b>                       |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                                                                                          | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pneumonia</b> |                                                                                                                                |                                                                                                                 |                                                                          |
|                                                                                                                                                                                                                                                         | DUE TO (c)                                                                                                                                           |                                                                                                                                |                                                                                                                 |                                                                          |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                                                     |                                                                                                                                                      |                                                                                                                                |                                                                                                                 |                                                                          |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                     |                                                                                                                                |                                                                                                                 | 20. AUTOPSY?<br>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)<br><b>493X</b>                                                                 |                                                                                                                 |                                                                          |
| 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 <b>2/22</b> , 1950, to <b>3/18</b> , 1950, that I last saw the deceased alive on <b>3/18</b> , 1950, and that death occurred at <b>5:30</b> a. m., from the causes and on the date stated above. |                                                                                                                                                      |                                                                                                                                |                                                                                                                 |                                                                          |
| 23a. SIGNATURE<br><b>John Fague Roberts MD</b>                                                                                                                                                                                                          |                                                                                                                                                      | (Degree or title)                                                                                                              | 23b. ADDRESS<br><b>Frisco Hospital St. Louis 8</b>                                                              | 23c. DATE SIGNED<br><b>3/18/50</b>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                             | 24b. DATE<br><b>3-19-50</b>                                                                                                                          | 24c. NAME OF CEMETERY OR CREMATORY                                                                                             | 24d. LOCATION (City, town, or county) (State)<br><b>West Fork Arkansas</b>                                      |                                                                          |
| DATE REC'D BY LOCAL REG.<br><b>27 1950</b>                                                                                                                                                                                                              | REGISTRAR'S SIGNATURE<br><b>J. B. Sasser</b>                                                                                                         | 25. FUNERAL HOME OR OTHER ADDRESS<br><b>Robinson &amp; Co. Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.</b>    |                                                                                                                 |                                                                          |

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

2681  
1892

**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.....

*John M. Senior*

Licensed Embalmer No. ....

*4343*

P. O. Address.....

*St. Louis 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.