

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	c. LENGTH OF STAY (In this place) <u>1 HR.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton, Mo 1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DELTA HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PANSY</u>	b. (Middle) <u>MADINE</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>Nov. 23, 1946</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 DAY Days <u>7</u>	IF UNDER 1 HR. Hours <u></u>	IF UNDER 1 MIN. Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>East Prairie, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Violet Aline Greer</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Baker</u>	ADDRESS <u>Benton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, 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>Gun Shot wound, abdomen</u>		<u>45 minutes</u>
	ANTECEDENT CAUSES DUE TO (b) <u>of as above</u> DUE TO (c) <u>of as above</u>		<u>8/9/40</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>of as above</u>	<u>19</u>

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>067</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Prairie Mississippi Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 30 1950 1.45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>young brother playing with gun</u>
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22. I, hereby certify that I attended the deceased from March 30, 1950, to March 30, 1950, that I last saw the deceased alive on March 30, 1950, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>217 S. Kingshighway, Sikeston</u>	23c. DATE SIGNED <u>4-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 3 50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>East Prairie</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 8 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 550-27

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 _____

Travis Shelby

Licensed Embalmer No. _____

2726

P. O. Address _____

East Prairie, 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.