No. 300
10.48

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

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19724

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 5-1

1. PLACE OF DEATH
a. COUNTY: Clay Gallatin Twp. Rural
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Randolph, Missouri
c. LENGTH OF STAY (In this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 th and Liberty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Randolph, Missouri
d. STREET ADDRESS (If rural, give location): 7 th and Liberty

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): June 10, 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 26, 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 4 Days 13 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Josiah Baker
13b. MOTHER'S MAIDEN NAME: Katherine Dixon
14. NAME OF HUSBAND OR WIFE: Mrs. Sara Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: 703-03-9192
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Ethel Whitton, Randolph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 7-10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS
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? YES ☐ NO ☑

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) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* 8-16, 1943, *to* deceased, *that I last saw the deceased alive on* 6-9, 1950, *and that death occurred at* 4:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 2045 Swift N KC. Mo
23c. DATE SIGNED: 6/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 50
24c. NAME OF CEMETERY OR CREMATORY: Randolph Cemetery
24d. LOCATION (City, town, or county) (State): Randolph, Missouri

DATE REC'D BY LOCAL REG.: June 10-1950
REGISTRAR'S SIGNATURE: Beulah Kitchens 63

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: D. W. NEWCOMER'S SONS 832 Armour Rd. North Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12
District Health Officer No. 8

District File Number .....

Date Filed 6-29-50

JUL 11 1950

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 Glen T. Gill

Licensed Embalmer No. 4586

P. O. Address Box 47 Clearfield, Va.

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.