

STANDARD CERTIFICATE OF DEATH

State File No. 12311

FILED MAY 15 1951

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 6459		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOIS D'ARC 39 th		c. LENGTH OF STAY (in this place) 3 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 039L			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 MILES EAST BOIS D'ARC				d. STREET ADDRESS (If rural, give location) 2909 W. HARRISON			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First) S.		b. (Middle) BAKER		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1951		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAY 20-1864		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS BAKER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JULIE CONLEY, BAKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED BAKER, BOIS D'ARC, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic; Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Hypertension B.P. 170/100. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Poss 2 years 5 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.		443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Apr. 20, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 11:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. Newton Wasserman (Degree or title)				23b. ADDRESS Mrs. Springfield, Mo.		23c. DATE SIGNED 6-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-5-51		24c. NAME OF CEMETERY OR CREMATORY WRIGHTS		24d. LOCATION (City, town, or county) (State) STONE COUNTY MISSOURI	
DATE REC'D BY LOCAL REGISTRAR 5/11/1951		REGISTRAR'S SIGNATURE Drew H. Wilson 104		25. FUNERAL DIRECTOR'S SIGNATURE John Rlean Harris		ADDRESS Clover, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0390

RECEIVED

Greene County Health Office,

County File Number 51-5-29

Date Filed 5-14-51

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Deer, 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.