

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21809

| | | | | | | | |
|--|-------------------------------|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>391</u> | | PRIMARY REG. DIST. NO. <u>4525</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City</u> | | c. LENGTH OF STAY (In this place) <u>years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City</u> | | 1036 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>L.</u> c. (Last) <u>Baker</u> | | | 4. DATE OF DEATH (Month) <u>June</u> (Day) <u>7</u> (Year) <u>1951</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>May 25, 1938</u> | 9. AGE (In years, last birthday) <u>13</u> | OF UNDER 1 YEAR Months <u>12</u> | OF UNDER 60 HRS. Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School age</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>9</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>John W. Baker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Gladys Lingle</u> | | 14. NAME OF HUSBAND OR WIFE <u>single</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>John W. Baker</u> | | ADDRESS <u>Bell City, Mo.</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> | | | | Sudden | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Drowning</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | E9290 | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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>farm pond</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike Twp. Stoddard Mo.</u> | | 22 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7, 1951 1:30</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Trying to wade pond.</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. Rainey Coroner 3</u> | | | | 23b. ADDRESS <u>Dexter, Missouri</u> | | 23c. DATE SIGNED <u>6-14-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 9, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Sikeston, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>6-20-51</u> | | REGISTRAR'S SIGNATURE <u>360</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Undertaking Co. Bloomfield,</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

MO.

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

RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No. 6

Title No.....

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, ^{and} or by.....

Lulu Cooper, License #3499

working under my personal supervision.

Student Embalmer No.....

Signed.....

Howard A. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *3996*

P. O. Address *Bloomfield, 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.