

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27786

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Willow Fork	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #50 - E. Broadway		d. STREET ADDRESS (If rural, give location) 5 Miles West Fortuna, Mo	

3. NAME OF DECEASED a. (First) Louis b. (Middle) - c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) August, 18, 1951		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH March, 21, 1862		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Morgan County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Baker (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Margaret Chism (Daughter) ADDRESS Fortuna, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) Shock			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Fractured femur			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Versailles Morgan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-18-51 3:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by automobile while walking on highway	

22. I hereby certify that I viewed the deceased **as Person**, that I last saw the deceased alive on **10**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas Jordan Gaupeck MD (Degree or title)		23b. ADDRESS Cornery Pettis Co		23c. DATE SIGNED 8-20-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/18/51		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
24d. LOCATION (City, town, or county) (State) Tipton, Missouri					

DATE REC'D BY LOCAL REG. 8-21-51		REGISTRAR'S SIGNATURE A. G. Campbell		2. FUNERAL DIRECTOR'S SIGNATURE J. E. Richards ADDRESS Tipton, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-28-51

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 *James E. Richards*

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.