

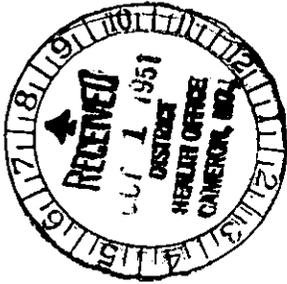
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30058**

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

FILED OCT 6-1951

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (In this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		0411	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrison County Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Joie b. (Middle) S. c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) 9 24 1951				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 9 5 1868	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 0 Days 19		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Nodaway County		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Stotts			13b. MOTHER'S MAIDEN NAME Margaret Roberts		14. NAME OF HUSBAND OR WIFE Moses 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 Mrs. Jennie Smith			ADDRESS Allendale, 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) Senile Dementia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 304X					INTERVAL BETWEEN ONSET AND DEATH 2 mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6-15</u> , 19 <u>50</u> , to <u>9-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-24-51</u> , 19 <u>51</u> , and that death occurred at <u>7.9</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gellert H. Thoen			23b. ADDRESS 502 Bethany, Mo.			23c. DATE SIGNED 9-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9 26 1951	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Denver, Mo.		
DATE REC'D BY LOCAL REG. Sept. 29-51		REGISTRAR'S SIGNATURE Joan Burris		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dayler		ADDRESS Grant City, Mo.	



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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City 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.