

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15688**

MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or town Rural Washington Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township 0110	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) R # 1. St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R # 1. St. Joseph, Missouri.			

3. NAME OF DECEASED (Type or Print) a. (First) Ida	b. (Middle) Marjorie	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) May 6 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 5, 1877.	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri..	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Salathiel Mc Kee	13b. MOTHER'S MAIDEN NAME Mary Jane Ruby	14. NAME OF HUSBAND OR WIFE Robert P. Baker
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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 Robert P. Baker	ADDRESS R # 1. St. Joseph, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure & Rheumatism		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3.31X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/10/, 1951, to May 6,, 1952, that I last saw the deceased alive on Apr. 20, 1952, and that death occurred at 3:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Elliott M.D.	23b. ADDRESS 801 1/2 Francis St. Joseph, Mo.	23c. DATE SIGNED May 7, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. MAY 14, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Hinkoff	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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~~*****

working under my personal supervision.

Student Embalmer No.**** *****

Signed Albert C Harrington

Signed.....**** *****
Student Embalmer

Licensed Embalmer No. 3268 Missouri.

P. O. Address St. Joseph, 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.