

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19630**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **243**

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wasson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>	c. LENGTH OF STAY (In this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Herman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Caroline</b>			b. (First)			c. (Last) <b>Baecker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1952</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>DK</b>			9. AGE (In years last birthday) <b>about 72</b>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>			11. BIRTHPLACE (State or foreign country) <b>DK</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Baecker</b>			13b. MOTHER'S MAIDEN NAME <b>DK</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital records</b> ADDRESS <b>Fulton Mo</b>							
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease</b>								
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>						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 **June 1, 1952**, to **June 30, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **7:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Henry Fowler M.D. by Hank</b>			23b. ADDRESS <b>State Hosp. Fulton Mo</b>			23c. DATE SIGNED <b>6/30/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State Hospital</b>		24d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>July 2-1952</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b> 426-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>R.C. Weeks</b> ADDRESS <b>Fulton Mo</b>			
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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.