

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27622**

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 36

2351

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>300 N. Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 N. Madison</u>			
3. NAME OF DECEASED a. (First) <u>Laura</u> b. (Middle) <u>W. Baker</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>1870</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Clarkton, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>R. W. Stokes Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane White</u>	14. NAME OF HUSBAND OR WIFE <u>Albert J. Baker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-28-1667</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Evans</u> ADDRESS <u>Malden, Mo.</u>
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) <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>Cerebral thrombosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____		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) (Minute) _____		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>April 20, 1952</u> to <u>June 19, 1952</u> , that I last saw the deceased alive on <u>June 14, 1952</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. S. Baker, M.D.</u>		23b. ADDRESS <u>Malden, Mo.</u>	23c. DATE SIGNED <u>7/31/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARIS</u>	24d. LOCATION (City, town, or county) (State) <u>MALDEN MO</u>
DATE REC'D BY LOCAL REG. <u>8/5/52</u>	REGISTRAR'S SIGNATURE <u>J. S. Korman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME, MALDEN</u> ADDRESS _____	

SEP 16 1952

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 8-13-52 .....  
COUNTY FILE NUMBER 852-217...

**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 J. D. Schuman  
Licensed Embalmer No. 4086  
P. O. Address Morden.

**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.