

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29096

AUG 27 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Reynolds</u> (1900)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lesterville Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lesterville Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. west of Lesterville</u>			d. STREET ADDRESS (If rural, give location) <u>4 mi. west of Lesterville Mo.</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>JAMES</u>	b. (Middle) <u>GENTRY</u>	c. (Last) <u>BAKER</u>	(Month) <u>Aug.</u>	(Day) <u>17</u>	(Year) <u>1952</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>live stock</u>	11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William J. Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Baker</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grover Baker, Lesterville Mo.</u>	ADDRESS <u>Lesterville Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endo Carditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 Aug 17, 1952, to Aug 17, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Gifford, M.D.</u>	23b. ADDRESS <u>Lesterville Mo.</u>	23c. DATE SIGNED <u>8/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rayfield Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/26/52</u>	REGISTRAR'S SIGNATURE <u>E. M. Gifford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Iron ton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 Russell J. White .....

Licensed Embalmer No. 3012 .....

P. O. Address Smiths Inc. .....

**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.