

## STANDARD CERTIFICATE OF DEATH

State File No. 34613

BIRTH NO. 59312 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kannett		c. CITY (If outside corporate limits, write RURAL and give township) Kannett-Independence	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rt 3 8 Miles S. E.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital			
3. NAME OF DECEASED a. (First) Barbara		b. (Middle) Jean	c. (Last) Baker
4. DATE OF DEATH Oct 13 1952			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 22 1952
9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kannett Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ruby Baker	14. NAME OF HUSBAND OR WIFE
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 AND ADDRESS Audy Baker Guin, Ala Rt 2
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infectious diarrhea		4 days	
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	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) 7640	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 20, 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Walter R. Peck		23b. ADDRESS Kannett, Mo	23c. DATE SIGNED Oct 13, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 15 1952	24c. NAME OF CEMETERY OR CREMATORY Guin	24d. LOCATION (City, town, or county) (State) Guin Ala
DATE REC'D BY LOCAL REG. 10-13-52	REGISTRAR'S SIGNATURE Earl Hubbard	FUNERAL DIRECTOR'S SIGNATURE Paul Johnson	ADDRESS Kannett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

352  
0.

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 10-16-52 .....  
COUNTY FILE NUMBER 1052-290

---

---

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 *A. Palmer*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2556-

P. O. Address *Kennett, 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.