

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35922**

15 OCT 18 1952

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5947** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Stoddard	
b. CITY OR TOWN - Rural - Jones - N.S.		c. CITY OR TOWN Purico, Mo. 1030	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferudale Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Levi	b. (Middle) A.	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) Sept 21 - 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-15-1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fayette Co. - Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Don't know
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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)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Ferudale Nursing Home - St James Mo	ADDRESS
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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) Chronic Nephritis		12 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Psychosis (depressive)		1 year
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"/>
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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 **May 15, 1952** to **Sept. 21, 1952**, that I last saw the deceased alive on **Sept. 13, 1952**, and that death occurred at **4:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. W. Lamson, M.D. (Degree or title)	23b. ADDRESS St. James	23c. DATE SIGNED 9-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Purico Cemetery	24d. LOCATION (City, town, or county) (State) Purico, Mo.
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DATE REC'D BY LOCAL REG. 9-21-52	REGISTRAR'S SIGNATURE Ruth B Powell	25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Lichner	ADDRESS St James Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

08104

Fireps County Health Officer,
County File Number
Date Filed 10-15-82

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Oral E. Lieblich

Licensed Embalmer No. *3546*

P. O. Address *24 Gemini Dr*

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.