

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38091

State File No. _____

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 138

272
4

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>0710 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haas Convalescent Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> b. (Middle) <u>C.</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 6-1873</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm French</u>		13b. MOTHER'S MAIDEN NAME <u>Talitha Spencer</u>		14. NAME OF HUSBAND OR WIFE <u>A. C. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Earh-Versailles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Melancholy</u>			
		DUE TO (c) <u>Hypertension</u>			
		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) <u>304X</u>	
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 10.27, 1952, to 12.8, 1952, that I last saw the deceased alive on 12.8, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Raveeney Med</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>Dec 9</u>	
---	--	------------------------------------	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 9, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City</u>	
				24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-9-52</u>		REGISTRAR'S SIGNATURE <u>Ed Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kidwell Funeral Home</u>	
				ADDRESS <u>Versailles Mo</u>	

JAN 19 1953

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 Berry W. Hacker

Licensed Embalmer No. 3944

P. O. Address Bronville, 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.