

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38266**

DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1089</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>0326</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1024 W. Webster Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>BAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3 November 1871</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 12 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Cashier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bath Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Robert Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Fræderika Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth 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>495-30-2209</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Ivan Branson, 1024 W. Webster St., Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia due to bladder neck obstruction</u> DUE TO (c) <u>Prostatic Hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>				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)		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>11/12</u> , 19 <u>52</u> , to <u>12/6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/6</u> , 19 <u>52</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Heisterkamp, M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>12/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 Dec. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) <u>St. Peters Cemetery Billings, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>12-12-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thiem</u>		ADDRESS <u>Springfield, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Ralph A. Stein

Licensed Embalmer No. 3581

P. O. Address Springfield, Missouri

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.