

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41466

State File No.

FILED DEC 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4028</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		<u>0-16-0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAKE</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>BAKER</u>			4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>18</u> (Year) <u>1952</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Jan 16 1877</u>		
9. AGE (In years, last birthday) <u>75</u>		10. UNDER 1 YEAR <u>11</u> Months <u>2</u> Days		11. UNDER 6 HRS. <u>0</u> Hours <u>0</u> Min.		9. AGE (In years, last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery & Drugs</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Jahn Baker</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Harbaugh</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Mae Simpson</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>496-03-0772</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Mae Baker, Liberal, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>0</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>		21. HOW DID INJURY OCCUR? <u>0</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>				
22. I hereby certify that I attended the deceased from <u>12/18</u> , 1952, to <u>12/18</u> , 1952; that I last saw the deceased alive on <u>12/18</u> , 1952, and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. G. Eddleman M.D.</u> (Degree or title)				23b. ADDRESS <u>Liberal Mo</u>		23c. DATE SIGNED <u>12/21/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 21 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 21, 1952</u>		REGISTRAR'S SIGNATURE <u>Charlotte M. Dowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u> ADDRESS				

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Carl F. Kenantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.