

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42928

FILED JAN 6 - 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI-MCDONALD b. COUNTY	
b. CITY OR TOWN NEOSHO		c. CITY OR TOWN JANE	
c. LENGTH OF STAY (in this place) 6 DAS		d. STREET ADDRESS (If rural, give location) SALES-MEMORIAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM-FRANKLIN-BAKER b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11-7-52					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12-7-1896	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 0	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired)) FARMER		10b. KIND OF BUSINESS OR INDUSTRY JANE		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? US.		

13a. FATHER'S NAME S. W. BAKER		13b. MOTHER'S MAIDEN NAME NANBY WESTOVER		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Lillie Mae Combs Baker		ADDRESS 440	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 days.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 491X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			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 **2 Nov**, 1952, to **7 Nov**, 1952, that I last saw the deceased alive on **7 Nov**, 1952, and that death occurred at **4:40A** m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Bowman		23b. ADDRESS Neosho, Mo		23c. DATE SIGNED 23 Dec 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-8-52		24c. NAME OF CEMETERY OR CREMATORY WHITE ROCK		24d. LOCATION (City, town, or county) (State) JANE-MO	
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DATE REC'D BY LOCAL REG. 12-24-52		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey		ADDRESS Princeton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

735
C

RECEIVED

District Health Officer No. 1857-298

District File Number

Date Filed 12/31/52

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

A. M. Humphrey Jr.
4708

Licensed Embalmer No.

P. O. Address

Noel, 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.