

No. 300
10.48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8383

State File No.

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6089 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elmwood Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		0972	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mile north Mt. Leonard</u>		d. STREET ADDRESS (If rural, give location) <u>342 North Lafayette</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Adrian</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1953</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>Dec. 2, 1885</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 2 MRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Henry Baker</u>	
13b. MOTHER'S MAIDEN NAME <u>Dorothea Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie 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>D.A. Baker Jr.</u>		ADDRESS <u>St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		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>4201</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>make an investigation Feb 12</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>P.L. Sanders M.D. Coroner Saline Co.</u>		23b. ADDRESS <u>Marshall Mo.</u>	
23c. DATE SIGNED <u>2-19-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		DATE REC'D BY LOCAL REG. <u>2/14/53</u>	
REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew Campbell-Lewis</u>	
ADDRESS <u>275</u>		ADDRESS <u>Marshall, Mo.</u>	

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

970
3

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1958

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. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Me

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.