

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22591**

No. 300
10-48
FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington	c. LENGTH OF STAY (in this place) 8 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION own home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) MAE c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) 7-6-53		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 1 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 2 IF UNDER 11 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Creal Springs, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph Newton Buckner		13b. MOTHER'S MAIDEN NAME Minerva Peator		14. NAME OF HUSBAND OR WIFE John C. Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John E. Baker - Ellington Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage + Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		
	DUE TO (c) Generalized Arteriosclerosis		
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 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Ellington Reynolds Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **July 1950**, to **July 6, 1953**, that I last saw the deceased alive on **July 6, 1953**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title?) Kenneth T. Carter, D.O.		23b. ADDRESS Ellington Mo.		23c. DATE SIGNED 7/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-8-53		24c. NAME OF CEMETERY OR CREMATORY Ellington	
		24d. LOCATION (City, town, or county) (State) Ellington			

DATE REC'D BY LOCAL REG. 7/11/53		REGISTRAR'S SIGNATURE Fessie Evans		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seaton Levitt van Buren	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD!

908

Received: 7-14-53

Reynolds County Health Ce

File No. 753 - 12

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.