

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27523

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6233 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) New Truxton		c. CITY (If outside corporate limits, write RURAL and give township) New Truxton Camp Branch Swsp	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 11090	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lafayette c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 6, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	10b. KIND OF BUSINESS OR INDUSTRY Ice Mfg.	11. BIRTHPLACE (State or foreign country) Elm Point, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James D. Baker	13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE Althea R. Boyd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 492-09-1112	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.L. Baker, New Truxton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) the underlying cause last. 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"/>
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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) (Min.)	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 **Aug 1-5 1953** to **Aug 10 1953** that I last saw the deceased alive on **Aug 1, 1953**, and that death occurred at **1:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Ink, give or title) J. C. Reech	23b. ADDRESS Truxton Mo	23c. DATE SIGNED Aug 9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 8-6-53	REGISTRAR'S SIGNATURE Lloyd Sagan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1953

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.

Student Embalmer No.....

Signed John E. Herlinger

Signed.....
Student Embalmer

Licensed Embalmer No. 4409

P. O. Address Warrenton, M

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.