

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32174**

FILED SEP 23 1953

|  |  |   |   |  |  |   |   |
|--|--|---|---|--|--|---|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>157</u>   |   | PRIMARY REG. DIST. NO. <u>3028</u>   |  | Registrar's No. <u>184</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Carthage</u>  |  | c. LENGTH OF STAY (In this place)<br><u>50 yrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Carthage</u>  |  |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>  |  |   |   | d. STREET ADDRESS (If rural, give location) <u>1109 S. Main St</u> <span style="float: right;">0493</span>                                 |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MAEAH</u> b. (Middle) <u>NORAH</u> c. (Last) <u>ANN BAKER</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept 13, 1953</u> |  |  |   |   |
| 5. SEX <u>female</u>   |  | 6. COLOR OR RACE <u>white</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  |  | 8. DATE OF BIRTH <u>Sept 15, 1885</u>   |   |
| 9. AGE (In years last birthday) <u>67</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>    |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13a. FATHER'S NAME <u>James Shannahan</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Dr. Karl E. Baker, MD</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 ADDRESS <u>K.E. Baker, 1109 Main, Carthage, Mo</u>   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Part of Throat</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Abdomen</u><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk</u> |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  | 20. AUTOPSY?<br>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)  |  | 1991  |   |
| 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?   |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>8/21, 1953</u> , to <u>9/13, 1953</u> , that I last saw the deceased alive on <u>9/13, 1953</u> , and that death occurred at <u>8:30a m.</u> , from the causes and on the date stated above. |  |   |   |  |  |   |   |
| 23a. SIGNATURE <u>K.E. Baker</u> (Degree or title) <u>MD</u>   |  |   |   | 23b. ADDRESS <u>Carthage, Mo</u>   |  | 23c. DATE SIGNED <u>9-13-53</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |  | 24b. DATE <u>Sep 15-1953</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>                   |   |
| DATE REC'D BY LOCAL REG. <u>9-14-53</u>  |  | REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton MD</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>   |  |   |   |

(Licensed Embalmers' Signature on Reverse Side)

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

RECEIVED SEP 22 1953  
Jasper County Health Office  
County File Number 53-9-776  
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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

*Frank W. Phell*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.