

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39809

State File No.

FILED DEC-14 1953

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY OR TOWN <u>NEOSHO</u>		c. CITY OR TOWN <u>PINEVILLE</u>	
c. LENGTH OF STAY (in this place) <u>3 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE-MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EURA</u>	b. (Middle) <u>-</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>5-4-1885</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR <u>6</u>	YEAR <u>9</u>	# UNDER 1 HRS. <u>9</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>TEXAS-Co. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>FRANK EDWARDS</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN LARGENT</u>	14. NAME OF HUSBAND OR WIFE <u>MILTON BAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.C. BAKER</u>	ADDRESS <u>PINEVILLE-MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2° 1 3° Degree Burn 95% Body Surface</u>		INTERVAL BETWEEN ONSET AND 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.		<u>E9160</u> <u>116</u>

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pineville McDonald Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 13 1953 2 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lie in Home</u>
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22. I hereby certify that I attended the deceased from 11-13, 1953, to 11-13-53, 19 , that I last saw the deceased alive on 11-13-53, 19 , and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>Dec 2, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>PINEVILLE-MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-3-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Pineville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1253-225

Date Filed DEC 11 1953

NEOSHO, MISSOURI

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 Mayna E. Humphrey
Licensed Embalmer No. 4262

P. O. Address Parisville, 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.