

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21782

State File No.

BIRTH NO. REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u> <u>1030</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>Bell City, Mo. R. F. D.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>at home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>Wm.</u> c. (Last) <u>BAKER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1954</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Jan. 1, 1876</u> | | 9. AGE (In years last birthday) <u>78</u> | | 10. MONTHS <u>5</u> DAYS <u>7</u> IF ORDER IN HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Butler county, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John Baker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Tilda Ann Mc Donald</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dora Gladys 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 ADDRESS <u>Wm. F. Baker, Chaffee, Mo. R. # 2</u> | |

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|--|--|--------------------------------------|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | DUE TO (b) <u>arterio sclerosis.</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>old age</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 June 7, 1954 to June 8, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 12:05 a.m. from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE <u>Wm. Danzell</u> (Degree or title) | | 23b. ADDRESS <u>Stella, Mo.</u> | | 23c. DATE SIGNED <u>June 11 - 54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 10 - 54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>North of Sikeston, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u> | | ADDRESS <u>Bloomfield, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6/15/54</u> | | REGISTRAR'S SIGNATURE <u>Bernice Moore</u> <u>3620</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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, & by LUL

Cooper # 3499

~~XXXXXXXXXXXX~~

working under my personal supervision.

Signed

Ivan C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.