

FILED AUG 9 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22062

0105 /

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 N. First St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Merle b. (Middle) E. c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) 7 31 54	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/13/1906
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 47 if UNDER 1 Year 10 Days 18 Hours 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 (City and State or Foreign Country) Linn County, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William West	
13b. MOTHER'S MAIDEN NAME Elizabeth Graham		14. NAME OF HUSBAND OR WIFE John 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.	
17. INFORMANT'S SIGNATURE OR NAME Naomi Johnson		ADDRESS Centralia, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wound chest INTERVAL BETWEEN ONSET AND DEATH Immediate 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. Laceration of great vessels + Spinal Cord	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E981X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SLASH, HOMICIDE (Specify) Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 31 54 10³⁰ pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Homocidal shotgun wound of back		22. I hereby certify that I attended the deceased from 7/31/54 , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10³⁰ p. m. , from the causes and on the date stated above.	
23a. SIGNATURE Henry H Sweets JMO Coron		23b. ADDRESS Columbia Mo	
23c. DATE SIGNED 8/1/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE August 3, 54		24c. NAME OF CEMETERY OR CREMATORY Centralia	
24d. LOCATION (City, town, or county) (State) Centralia, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bill P. Meador	
25. DATE REC'D BY LOCAL REG. Aug 3 1954		REGISTRAR'S SIGNATURE Mrs R E Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Bill P. Meador		ADDRESS Centralia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

10 15

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, ~~on~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Shuan D. Parker*.....

Licensed Embalmer No. *296*.....

P. O. Address *Columbia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.