

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22492**

0250
 1

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5298** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lafayette Twp.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Plattsburg		0250
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. I Stewartville, MO.			d. STREET ADDRESS (If rural, give location) 		
3. NAME OF DECEASED (Type or Print) a. (First) ALBERTA b. (Middle) NONE c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) July 18 1954		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 28 1882		9. AGE (In years last birthday) 72 MONTHS 2 DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME keeper		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Clinton County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Matthew Shearer		13b. MOTHER'S MAIDEN NAME Ann Livingston		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Baker Stewartville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA, Chronic Lymphog. INTERVAL BETWEEN ONSET AND DEATH 3 years ANTECEDENT CAUSES DUE TO (b) Leukemia infiltration of lung 1 mo. 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 2040			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 March 20, 1953 , to July 18, 1954 that I last saw the deceased alive on July 15, 1954 , and that death occurred at 4:02 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE John P. Mabey (Degree or title) M.D.			23b. ADDRESS Plattsburg, Mo		23c. DATE SIGNED July 19, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/20/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	24d. LOCATION (City, town, or county) (State) Clinton County MO.		
DATE REC'D BY LOCAL REG. July 20 - 1954	REGISTRAR'S SIGNATURE Elizabeth Seaver		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. D. Lyon Plattsburg, MO.		

WRITE 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.