

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33510**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **163**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		c. CITY OR TOWN SULLIVAN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 DAYS		e. STREET ADDRESS (If rural, give location) VAN DEREN HOME	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ALMA	b. (Middle) '	c. (Last) BAKER	(Month) (Day) (Year) OCT. 22 1954

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH SEPT. 22, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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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) SEYMOUR, IND.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WILLOUGHBY STUART	13b. MOTHER'S MAIDEN NAME SARAH E. HEGWOOD	14. NAME OF HUSBAND OR WIFE THOMAS BAKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Maud Archibald Sapulpa, Okla.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 30 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Vaginal Hemorrhage		
	DUE TO (c) Carcinoma of Cervix - Type undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignancy metastasis to urinary bladder		10 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 5, 1954**, to **Oct 22, 1954**, that I last saw the deceased alive on **Oct 22, 1954**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert J. Sullivan	(Degree or title)	23b. ADDRESS Sullivan Mo.	23c. DATE SIGNED Oct 22, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY BUFFALO CEMETERY	24d. LOCATION (City, town, or county) (State) SULLIVAN MO
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DATE REC'D BY LOCAL REG. 10/22/54	REGISTRAR'S SIGNATURE Z. J. Hudmann	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Sullivan	ADDRESS Sullivan, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. A. Humphrey*.....

Licensed Embalmer No. *4772*.....

P. O. Address *Lucerne*.....

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.