

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36859

State File No.

FILED DEC 15 1954

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville Rural</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3 mi. south</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORIE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>BAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/20/54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Aug. 5, 1860</u>		9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Abner Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Denton</u>		14. NAME OF HUSBAND OR WIFE *** <u>----</u>	
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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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. A. Baker Stewartsville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
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 <u>4222</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 Oct. 5, 1954, to Nov. 20, 1954, that I last saw the deceased alive on Nov. 20, 1954, and that death occurred at 5.4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Dinyr, D.O.</u> (Degree or title)		23b. ADDRESS <u>Stewartsville, Mo.</u>		23c. DATE SIGNED <u>11-21-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>	
				24d. LOCATION (City, town, or county) (State) <u>Buchanan Co Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 22, 54</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seared</u> <u>4417</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Summerfield Stewartsville, Mo.</u>	
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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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.