

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4405

State File No.

FILED MAR 3 1955

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>5418</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Malden Mo. HILL COTTON</u>)		c. LENGTH OF (to this place) <u>72 yrs</u>		c. CITY OR TOWN <u>Malden.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 1 MI, W, MALDEN</u>				e. STREET ADDRESS (If rural, give location) <u>1 MILE W, MALDEN 0350</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruthie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>WIDOW</u> DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>June, 10, 1869</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>8</u> Months <u>8</u> Days		IF UNDER 1 HRS. <u>0</u> Hours <u>0</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Tanner</u>			13b. MOTHER'S MAIDEN NAME <u>Walls</u>			14. NAME OF HUSBAND OR WIFE <u>David Green Baker.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DOLLIE GRANTHAM MALDEN R-1</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skin ca</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>196X</u> 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 <u>R-10</u> , 19 <u>55</u> , to <u>R-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>January 19, 1955</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Edmund J. ...</u>				23b. ADDRESS <u>Malden Missouri</u>		23c. DATE SIGNED <u>2-17-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosewood Cemetary.</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, MO</u>		
DATE REC'D BY LOCAL REG. <u>2-22-55</u>		REGISTRAR'S SIGNATURE <u>J. J. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Day Funeral Home Malden, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....2-28-55.....

COUNTY FILE NUMBER 3-55-57

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. J. Schuman*.....

Licensed Embalmer No. 408

P. O. Address *Malden*.....

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.