

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8808

State File No. ....

FILED MAR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Maries</b> <u>0630</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b> <u>0630</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural South Miller</b>		c. CITY OR TOWN <b>Rural So. Miller</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harrison</b>	b. (Middle) <b>Ben</b>	c. (Last) <b>Baker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 15 1955</b>
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/13/1890</b>
9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 2 HRS. Days <b>2</b>	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Rands Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Baker</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War I.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ethel Baker, Dixon, Missouri</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 months</b>  <b>1 month</b>  <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fibrinous pericarditis (Uremic)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Hypertrophic Prostatic carcinoma</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acidosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>177X</b>
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 **\*\*\*\*** 19**55**, to **\*\*\*\*** 19**55**, that I last saw the deceased alive on **\*\*\*\*** 19**55**, and that death occurred at **10:00am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <b>Dr. K. W. Michigan, D.O.</b>	23b. ADDRESS <b>Dixon, Missouri</b>	23c. DATE SIGNED <b>3 Mar. 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/18/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seaton Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-14-55</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	

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

MAR 20 1958

MAR 22 1958

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 *Maurice Schierbaum*

Licensed Embalmer No. *4150*

P. O. Address *Dixon, Ill.*

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.