

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1955

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5501 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Washington Twp.</u>		c. CITY OR TOWN <u>Martinsville, Mo.</u>	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) <u>72 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>11 Miles N. of New Hampton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>11 miles north of New Hampton, MO.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Baker</u>	(Month) <u>May</u>	(Day) <u>22</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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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 <u>Farm Wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Robert L. Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Peercy</u>	14. NAME OF HUSBAND OR WIFE <u>O. A. Baker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O. A. Baker</u>	ADDRESS <u>Martinsville, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	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) _____	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 4-15-1955 to 5-9-1955 that I last saw the deceased alive on 5-9-1955 and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnest L. Wood, D.O.</u> (Degree or title)	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED <u>5-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Hampton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-25-1955</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Noble & Son</u>	ADDRESS <u>New Hampton Mo.</u>
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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 byWilliam George Noble....., Student Embalmer No.. 513... working under my personal supervision..

Student.....*William George Noble*.....
Signature of Student Embalmer

Signed.....*W G Noble*.....

Licensed Embalmer No.. 2904.

P. O. Address Nav. Hampton.

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.