

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25068

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6210 Registrar's No. 21

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| 1. PLACE OF DEATH a. COUNTY Texas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Upton Twp | | c. CITY OR TOWN Huggins | 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) Life | | e. STREET ADDRESS (If rural, give location) 1070 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|--------------------------|-----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Howard | b. (Middle) Benjamin | c. (Last) Baker | 4. DATE OF DEATH (Month) (Day) (Year) July 16 1955 |
|-------------------------------------|--------------------------|-----------------------------|------------------------|---|

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|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 24, 1918 | 9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY General Farming | 11. BIRTHPLACE (City and State or Foreign Country) Texas County Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME John Baker | 13b. MOTHER'S MAIDEN NAME Mamie McKee | 14. NAME OF HUSBAND OR WIFE Marjorie Alumbough Baker |
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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) No | 16. SOCIAL SECURITY NO. 500-12-9428 | 17. INFORMANT'S SIGNATURE OR NAME Marjorie Baker ADDRESS Huggins, Mo |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) struck by lightning | | INTERVAL BETWEEN ONSET AND DEATH instant |
| | 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. 9351 3 | | |

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| 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) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Upton Twp, Texas, Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hrs) 7-16-55 15:00 | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? struck by lightning in oak field |
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22. I hereby certify that I attended the deceased from **viewed same on July 16, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE James L. Neuber (Coroner) | 23b. ADDRESS Carroll, Mo. | 23c. DATE SIGNED 7-19-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7/19/1955 | 24c. NAME OF CEMETERY OR CREMATORY Hickory Ridge Cem | 24d. LOCATION (City, town, or county) (State) Texas County, Mo |
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| DATE REC'D BY LOCAL REG. 7-22-55 | REGISTRAR'S SIGNATURE Myrtle Craig | 25. FUNERAL DIRECTOR'S SIGNATURE Sam Stopp ADDRESS Mo. Stone, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2070
3

570

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.....
George Stapp

Licensed Embalmer No. 31

P. O. Address *Mt. St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.