

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26808**

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Lexington	
c. LENGTH OF STAY (in this place) 1 yr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 South 13th Street		STREET ADDRESS (If rural, give location) 410 South 13th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Mae c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 19, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days 5	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri, U.S.A.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Swope	13b. MOTHER'S MAIDEN NAME Mariah Mayhugh	14. NAME OF HUSBAND OR WIFE Morgan Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Wilcoxon, Lexington Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary hype tension DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		14 mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **6/29/55** 19**55**, to **8/21/55** 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:20P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bern H. Brasher M.D.	23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 8/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, or county) (State) Lexington, Missouri
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DATE REC'D BY LOCAL REG. 8-30-55	REGISTRAR'S SIGNATURE M. E. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PLEASANT

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..... *L. W. McLean*

Licensed Embalmer No. *220*

P. O. Address *L. W. McLean*

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.