

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29443

State File No. ....

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 824

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1324 W. MT. VERNON</u>		0576	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CURTIS</u>	b. (Middle) <u>G.S.</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 16, 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12 Nov. 1921</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FRED BAKER</u>	13b. MOTHER'S MAIDEN NAME <u>TISHIE MAPLES</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ANNA BAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>YES</u> (If yes, give war or dates of service) <u>WWII</u>	16. SOCIAL SECURITY NO. <u>487-24-1250</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Monocytic Leukemia, acute</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 <u>2042,</u>	20. AUTOPSY? YES <input checked="" 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) _____	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 9-16- 1955, to 9-16- 1955, that I last saw the deceased alive on 9-16- 1955, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Lemmon, M.D.</u> (Degree or title)	23b. ADDRESS <u>609 CHERRY SPRINGFIELD, MISSOURI</u>	23c. DATE SIGNED <u>9-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingman &amp; Co.</u> ADDRESS <u>SPGFD, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1955

SEP 28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Max A. Howard*.....

Licensed Embalmer No. 4

P. O. Address *Spring*.....

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.