

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1956

State File No. **5619**
67

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Rural Indian</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>7 miles SE Vandalia</u> <u>0-820/1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> | | b. (Middle) <u>Wesley</u> | | c. (Last) <u>Baker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20, 1956</u> | |
| 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>Jan 19, 1887</u> | |
| 9. AGE (In years) (Last birthday) <u>69</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vandalia, Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vandalia, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Jerry Baker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy May Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lottie Baker</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lottie Baker, Curryville, Mo</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage 24 hr. completed</u> <u>essential hypertension</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 year</u> | |
| 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) <u>331x</u> | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 20, 1952</u> , to <u>Feb 20, 1956</u> , that I last saw the deceased alive on <u>2/20/56</u> at <u>12:00 AM</u> , and that death occurred at <u>10:15 AM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Vandalia Mo</u> | | 23c. DATE SIGNED <u>2/22/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb 22, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2/24/56</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u> | | ADDRESS <u>Vandalia, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 4 1956
MARION CO. HEALTH DEPT.,
DATE FILED MAR 4 1956

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 William B. Gates
Licensed Embalmer No. 4169
P. O. Address Pandalis

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.