

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7752

State File No.

No. 300
10-48

FILED FEB 21 1956

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 17

| | | | |
|---|--|--|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakenan Jackson Twp</u> | | c. LENGTH OF STAY (in this place) <u>5</u> | c. CITY OR TOWN <u>Lakenan</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | f. STREET ADDRESS (If rural, give location) <u>Jackson Twp</u> | |

| | | | | | |
|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Baker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5th 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>May 7th 1924</u> | 9. AGE (In years last birthday) <u>31</u> | if UNDER 1 YEAR Months <u>8</u> Days <u>28</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>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbina Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>George Baker</u> | 13b. MOTHER'S MAIDEN NAME <u>Dolly Mae Perrigo</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Thelma Baker</u> |
|--|--|---|

| | | | |
|--|-------------------------------|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Thelma Baker</u> | ADDRESS <u>Lakenan Mo</u> |
|--|-------------------------------|---|---------------------------|

| | | | |
|--|--|--|---|
| 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 <u>None</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction.</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None known.</u> 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>H201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
|--|--|---|

| | | |
|---|--|----------------------------------|
| 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 Jan. 1949, to 2-5, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

| | | | |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) _____ | 23b. ADDRESS <u>Shelbina, Mo.</u> | 23c. DATE SIGNED <u>2/13/56</u> |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|

| | | | |
|---|-------------------------|---|--|
| 24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/7/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Shelbina Mo</u> |
|---|-------------------------|---|--|

| | | | |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>2-11-56</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkeley & Hawkins</u> | ADDRESS <u>Shelbina Mo.</u> |
|---|---|--|-----------------------------|

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

0 220 1

1956

MAR 1

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 *Henry A. Darkelee* Licensed Embalmer No. *383*

P. O. Address *Shelburne*

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.