

Health, Welfare, Public Service, 300, 1-560

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

892

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4187 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry				
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Stanberry Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East 1st. St			Length of stay in lb 15 yrs.	d. STREET ADDRESS 402 east 1st st.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Mr. Samael Nelson Baker				4. DATE OF DEATH Feb. 2 1957				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH July 21 1876		9. AGE (In years last birthday) 80		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Noble Co. Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME Martin V. Baker				14. MOTHER'S MAIDEN NAME Mary Jane Hathaway				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 494-32-5615		17. INFORMANT Address Mrs. Fannie Baker Stanberry, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma; of Urinary System Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) unknown. DUE TO (c) site undetermined							INTERVAL BETWEEN ONSET AND DEATH 6 months +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Mar 18 1953 , to Feb. 2, 1957 and last saw ^{her} _{him} alive on Jan 31, 1957 Death occurred at 11:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deceased or title) Arthur L. Carlen M.D.				22b. ADDRESS Stanberry, Mo.		22c. DATE SIGNED 2-4-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/4/57	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.			
24. FUNERAL DIRECTOR LeRoy Phillips			ADDRESS Stanberry		25. DATE RECD. BY LOCAL REG. Feb. 4-57		26. REGISTRAR'S SIGNATURE Maudie Williams	

(Licensed Embalmer's Statement on Reverse Side)

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. Taylor Phillips*

Licensed Embalmer No. *18*

P. O. Address *Blacksburg*

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.