

FILED APR 15 1957

STANDARD CERTIFICATE OF DEATH

7576
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Brown Station, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone C. Hospital		d. STREET ADDRESS (If outside, give location) 7 miles N. East	

3. NAME OF DECEASED (Type or print) First James Middle Jessie Last Baker			4. DATE OF DEATH Month 4 Day 7 Year 57		
5. SEX 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH October 28, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY common labor		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
13. FATHER'S NAME Jessie Baker			14. MOTHER'S MAIDEN NAME Caroline Quick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. William T. Rhodes Col., 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH about 3 days unknown
DUE TO (b) multiple falls		
DUE TO (c) 9040		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21 Bronchopneumonia		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Cramps in feet cerebral hemorrhage resulted from multiple falls striking head.	
20c. TIME OF INJURY Hour Unknown Month Unknown Day Unknown Year Unknown	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	
20e. CITY, TOWN, OR LOCATION Boone Missouri	20f. COUNTY Boone STATE Missouri	
21. I attended the deceased from 4-6-57 to 4-7-57 and last saw him alive on 4-7-57 Death occurred at 9:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Charles M. Lawke, M.D.	22b. ADDRESS Columbia, Missouri	22c. DATE SIGNED 4-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-9-1957	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	23d. LOCATION (City, town, or county) Columbia, Mo.	(State)
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. April 9 1957	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded. 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

300-56

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, ~~by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Lyman W. Sprinkle

Licensed Embalmer No. 40

P. O. Address *Columbus,*

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.