

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7618

STATE FILE NUMBER

FILED MAR 19 1957

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia, Mo.</u>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Co. Township</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 5</u>	

3. NAME OF DECEASED (Type or print) First <u>Bonnie</u> Middle <u>Gail</u> Last <u>Baker</u>			4. DATE OF DEATH Month <u>3</u> Day <u>8</u> Year <u>1957</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13, 1943</u>		9. AGE (In years last birthday) <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boone County Mo.</u>	
13. FATHER'S NAME <u>Jess Baker</u>			14. MOTHER'S MAIDEN NAME <u>Alline Forbis</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT <u>Mrs Charles H. Voorheis, Columbia, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Osteogenic sarcoma, left tibia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from 1 July 1956 to 27 Feb 1957 and last saw her alive on 2-27-57
Death occurred at 3:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Schum Jr. M.D. (Degree or title)
22b. ADDRESS STATE CANCER HOSPITAL
22c. DATE SIGNED 3-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-10-57</u>	<u>Columbia Cemetery</u>	<u>Columbia</u>	<u>Mo</u>
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 10 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmere</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Doctor, coroner, etc. must use only standard non-removable forms.
 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

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.....


Licensed Embalmer No. 501

P. O. Address Columbia

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.