. Health,
& Welfare
. Public
h Service

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1957

STATE FILE NUMBER 9379

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐	c. CITY OR TOWN: Hannibal 0644 0 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b: D.O.A.	d. STREET ADDRESS (If outside, give location): 1700 Grace — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: HARVEY Middle: WILKSON Last: BAKER		4. DATE OF DEATH Month Day Year: March 13,1957	
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 3,1870
9. AGE (In years last birthday): 86	IF UNDER 1 YEAR: Months 9 Days 10	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired,Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY: C.B.&.Q	11. BIRTHPLACE (City and state or country): Pike County Illinois 1	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Asa B.Baker		14. MOTHER'S MAIDEN NAME: Elizabeth Haskins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mrs.H.W.Baker Hannibal Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute C.V.H.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1942, to Mch 13-57 and last saw ~~her~~ him alive on Feb 17-57

Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F.E. Sultzman M.D. 0	22b. ADDRESS: 115 N 5th Hannibal Mo.	22c. DATE SIGNED: 3-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/16/1957	23c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
23d. LOCATION (City, town, or county) (State): Pike County Illinois		
24. FUNERAL DIRECTOR: Nixon Smith	ADDRESS: Hannibal Missouri	25. DATE RECD. BY LOCAL REG.: 3-15-57
26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher		

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED MAR 2 0 1957
MARION CO. HEALTH DEPT.
DATE FILED MAR 2 0 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed John S. Ford

Licensed Embalmer No.....454

P. O. Address Hannibal Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.