

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

State File No. 33186

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8317

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN
d. FULL NAME OF (If not in hospital or institution, give street address or location) 24/ INSTITUTION 1820 Cherokee St.		d. Is Residence within limits of City or Incorporated Town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> E. Carondelet, Ill Sugarloaf township - RFD#1	

3/ NAME OF DECEASED (Type or Print) a. (First) CALVIN b. (Middle) LEVI c. (Last) BAKER  
4. DATE OF DEATH (Month) (Day) (Year) September 3, 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 27, 1886  
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk 10b. KIND OF BUSINESS OR INDUSTRY International Shoe Co 11. BIRTHPLACE (City and State or Foreign Country) Pike County, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jackson BAKER 13b. MOTHER'S MAIDEN NAME Mary Ann RICHARDSON 14. NAME OF HUSBAND OR WIFE Ruth R. YBURN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 432-07-7307 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Baker E. Carondelet, Illinois RFD#1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arterio Sclerotic Heart  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
Patrick J. Lyon, Coroner 1300 Clark 9-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Sept. 4, 1957 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) POCOMOCA, ARKANSAS

DATE REC'D BY LOCAL REG. SEP 5 57 REGISTRAR'S SIGNATURE Carl Smith No. 286 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dupou, Illinois

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

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 *David A. Bushner*

Licensed Embalmer No.....4621

P. O. Address ..... Dupon, Illin

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.