

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36811**
Registrar's No. **178**

FILED OCT 25 1957

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049**

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAYTI		c. CITY OR TOWN HAYTI	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL		e. STREET ADDRESS (If rural, give location) RD 1A1 HAYTI	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) _____ c. (Last) BAKER			4. DATE OF DEATH: 10-12-57		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 7-31-1909			9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR: Months 2 Days 11 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) FRYETTEVILLE, TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME PATRICK BAKER		13b. MOTHER'S MAIDEN NAME DORA ANDERSON		14. NAME OF HUSBAND OR WIFE LOIS COY BAKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 170-24-8737		17. INFORMANT'S SIGNATURE OR NAME LOIS BAKER ADDRESS HAYTI MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4-6 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertension (cardiovascular disease)		DUE TO long term failure, compensated			
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		DUE TO Uremia			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		uremia			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to **10-12**, 19**57**, that I last saw the deceased alive on **10-12**, 19____, and that death occurred at **4** P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack McDowell, M.D.		23b. ADDRESS Hayti, Mo.		23c. DATE SIGNED 10-15-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-11-57		24c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	
24d. LOCATION (City, town, or county) (State) PORTAGEVILLE MO.					

DATE REC'D BY LOCAL REG. 10-21-57		REGISTRAR'S SIGNATURE John W. Guman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS De LISLE FUNERAL PARLOR PORTAGEVILLE, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

406-0

16-296-57

OCT 23 1957

PERMITS COUNTY HEALTH DEPARTMENT
COURTHOUSE - PHONE 79
CARTHERSVILLE, MO.

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. 2487
P. O. Address.....
Springville, Mo.

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.