pt. Health,
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S. Public
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FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43474
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 462

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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Columbia 01050 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 605 Redbud Lane — Length of stay in 1b: 18 Yrs.	d. STREET ADDRESS (If outside, give location): 605 Redbud Lane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: ELLA	Middle: MARY	Last: BAKER	4. DATE OF DEATH: Month December Day 18 Year 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Oct. 26, 1873	9. AGE (In years last birthday): 84 — 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): At Home	10b. KIND OF BUSINESS OR INDUSTRY: At H ome	11. BIRTHPLACE (City and state or country): London, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: William Brinsmead	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Dr. Lewis L. Baker		
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.: ?	17. INFORMANT: Ralph M. Baker, 605 Redbud Lane, Columbia, MO		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute Coronary occlusion probable	unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary atherosclerosis	years
DUE TO (c)	generalized atherosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 18 Dec 57, to 18 Dec 57 and last saw her alive on never

Death occurred at 11 20 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John F. Logue MD

22b. ADDRESS: 909 University Ave Columbia Mo

22c. DATE SIGNED: 19 Dec 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Dec. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery	23d. LOCATION (City, town, or county) (State): Shenandoah, Iowa
24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG.: Dec 19, 1957	26. REGISTRAR'S SIGNATURE: Mrs R E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1-0

JAN 8 1958

JUN 14 1958

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. 50...

P. O. Address Columbia 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.