

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013769
State File No.

FILED APR 25 1958

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 4

0360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural Bales</u>	c. LENGTH OF STAY (in this place) <u>None</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robertsville P.R.</u>		STREET ADDRESS (If rural, give location) <u>Robertsville Mo. P.R.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sahnean</u>	b. (Middle)	(Last) <u>Baker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-58</u>
-------------------------------------	---------------------------	-------------	---------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-3-1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	-------------------------------	---	----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Lee Generally</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Hannie Baker</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>same</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Baker - Robertsville</u>	ADDRESS <u>Robertsville</u>
--	-------------------------------------	--	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus 2-years</u>		
	DUE TO (c) <u>Paralysis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT (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 <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 2-10-58, 1958, to 2-23-58, 1958, that I last saw the deceased alive on 2-21-58, 1958 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. E. Mitchell</u>	(Degree or title) _____	23b. ADDRESS <u>St. Clair Mo</u>	23c. DATE SIGNED <u>2/26-58</u>
--	-------------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-27-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hartzel Run</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb. 28-58</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrard E. Mitchell</u>	ADDRESS <u>St. Clair Mo</u>
--	--	--	-----------------------------

APR 25 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.....
Sherwood E. Kitchin

Licensed Embalmer No. 38

P. O. Address
J. C. ...

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.