

FILED JUL 7 1958 Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 43

| | | | | | |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Malta Bend Missouri | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic | | Length of stay in lb 4 months | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) FORNEY <i>First</i> WALTER <i>Middle</i> BAKER <i>Last</i> | | | 4. DATE OF DEATH June 30, 1958 <i>Month Day Year</i> | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 5, 1865 | | 9. AGE (In years last birthday) 93 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 11. BIRTHPLACE (City and state or country) Londonderry, Ohio / | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME William Baker | | | 14. MOTHER'S MAIDEN NAME Emza Walker | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) x | | 16. SOCIAL SECURITY NO. x | 17. INFORMANT Mr. W.J. Baker <i>Address</i> Malta Bend, Missouri | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardio vascular renal disease with uremia | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 months plus |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis generalized | | | | | |
| DUE TO (c) Ca. of colon | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Ca. of colon | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) patient injured in automobile accident when carbacked into light post at Marshall, Missouri, prior to admission | | |
| 20c. TIME OF INJURY <i>Hour a. m. p. m.</i> 2 19 58 | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street | | 20f. CITY, TOWN, OR LOCATION Marshall | | COUNTY Saline | STATE Missouri |
| 21. I attended the deceased from 2-19-58 1947 to 6-30-58 and last saw xxx xxx alive on 6-30-58 Death occurred at 10:45 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Print or type) Jordan Kelling M.D. | | | 22b. ADDRESS Waverly, Missouri | | 22c. DATE SIGNED 7-1-58 |
| 23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial | 23b. DATE 7-2-1958 | 23c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery | | 23d. LOCATION (City, town, or county) (State) Malta Bend Missouri | |
| 24. FUNERAL DIRECTOR Jack Brewer <i>Address</i> Marshall, Mo | | 25. DATE RECD. BY LOCAL REG. 7-2-58 | | 26. REGISTRAR'S SIGNATURE Monia D. Bairly | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56
0540
0

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jack W. Reese*.....

Licensed Embalmer No. *465*

P. O. Address *Marshall*

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.