THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025250

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Gilman City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) East Main Street — Length of stay in 1b 3 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany, Mo 0410 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1½ Miles SE of Bethany — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Edward Middle Lester Last Baker
4. DATE OF DEATH Month July Day 31 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 22, 1876
9. AGE (In years last birthday) 82 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building Construction
11. BIRTHPLACE (City and state or country) Harrison County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Baker
13b. MOTHER'S MAIDEN NAME Jane Wilhoit
14. NAME OF HUSBAND OR WIFE Clara Baker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Clarence Baker Address Bethany, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 June 25 58, to July 31 and last saw him alive on July 25-58
Death occurred at 3:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Bailey (Degree or title) DO 2
22b. ADDRESS Jamesport Mo
22c. DATE SIGNED 8-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Christian Union Cemetery
23d. LOCATION (City, town, or county) Harrison County (State) Missouri

24. FUNERAL DIRECTOR W. George Noble ADDRESS Bethany, Mo.
25. DATE REC'D. BY LOCAL REG. 8-2-58
26. REGISTRAR'S SIGNATURE Ella Mayes

(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.

. Health, & Welfare
. Public
th Service
410
S. 300
v. 1-57

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.