

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036827

STATE FILE NUMBER

ILLU NOV 7 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 197

300  
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY 04920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS		Length of stay in lb 1 MONTH	d. STREET ADDRESS (If outside, give location) 104 S. LIBERTY
3. NAME OF DECEASED (Type or print) First Middle Last EARL E. BAKER			4. DATE OF DEATH Month Day Year OCTOBER 25, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 7, 1900
9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	11. BIRTHPLACE (City and state or country) CARTHAGE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EZRA BAKER		13b. MOTHER'S MAIDEN NAME ETHLEEN NORMAN	14. NAME OF HUSBAND OR WIFE NAOMI BAKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS NAOMI BAKER WEBB CITY 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) <u>Carcinoma of Sigmoid Colon Recurrent</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>original operation for carcinoma of sigmoid colon, June 1955.</u> DUE TO (c) <u>1533</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>June 1955</u> to <u>10/25/58</u> and last saw <del>him</del> <sup>her</sup> alive on <u>10/24/58</u> Death occurred at <u>1:29 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Russel Smith</u> (Degree or title)		22b. ADDRESS Carthage, Missouri	22c. DATE SIGNED 10/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-27-58	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	23d. LOCATION (City, town, or county) (State) WEBB CITY MISSOURI
24. FUNERAL DIRECTOR HEDGE-LEWIS WEBB CITY MISSOURI		25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE <u>Ely Clutter</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 7 1958

NOV 26 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 *Richard Gray Lewis*

Licensed Embalmer No. *44503*

P. O. Address *W. City, 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.