

Health,
Welfare
Public
Service

FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043051
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		c. CITY OR TOWN Nevada, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Hospital		d. STREET ADDRESS (If outside, give location) 845 East Wooter St.	

3. NAME OF DECEASED (Type or print) First Joseph Middle R. Last Baker			4. DATE OF DEATH Month 11 - Day 8 - Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Monroe County Missouri	

13a. FATHER'S NAME Thomas Baker	13b. MOTHER'S MAIDEN NAME Susan Morris	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. nil	17. INFORMANT Wallace D. Baker, Brother, Wichita, Kan.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Hypertension.		
DUE TO (c) _____		Don't know

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
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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.) home	20f. CITY, TOWN, OR LOCATION Nevada	COUNTY Vernon	STATE Mo
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21. I attended the deceased from _____ Death occurred at _____ Nov 1 8 P. M. to Nov 8/58	22. SIGNATURE W. Love MD	22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 11/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-14-1958	23c. NAME OF CEMETERY OR CREMATORY Sunset cemetery	23d. LOCATION (City, town, or county) (State) Madison Monroe, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Service, Inc Nevada, Missouri	25. DATE RECD BY LOCAL REG. 11-19-1958	26. REGISTRAR'S SIGNATURE Arnold & Garry
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 F. Luff*

Licensed Embalmer No. 50531
P. O. Address H. Luff

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.