

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001076

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 14

300-4
-57

1. PLACE OF DEATH
a. COUNTY Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bethany Inside Limits Yes No

c. CITY OR TOWN Rural (Blue Ridge) Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Rest Home Length of stay in 1b

d. STREET ADDRESS (If outside, give location) Bethany RFD Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Hannah Clara Baker

4. DATE OF DEATH Month Day Year
2-4-1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH 2-27-1881

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
77 Months 11 Days 7 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (City and state or country) Apparozee County Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Swank

13b. MOTHER'S MAIDEN NAME Carrie Unknown

14. NAME OF HUSBAND OR WIFE Edward Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Address
Sherman Neill Gilman City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive Heart Failure 6 mo

DUE TO (c) Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year
a.m. p.m.

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 5-21-58 to 2-4-59 and last saw her alive on 2-4-59
Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. H. Newby D.O.

22b. ADDRESS Bethany, Mo.

22c. DATE SIGNED 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-7-1959

23c. NAME OF CEMETERY OR CREMATORY Christian Union

23d. LOCATION (City, town, or county) (State) Gilman City Mo.

24. FUNERAL DIRECTOR ADDRESS W.B. Hane Bethany Mo.

25. DATE RECD. BY LOCAL REG. 2-7-1959

26. REGISTRAR'S SIGNATURE Gella Mapey

All entries in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 : *M.B. Isaac*

Licensed Embalmer No. *3899*

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.