

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012266

STATE FILE NUMBER

AD 28 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 29

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynes Twp.</u>		c. CITY OR TOWN <u>ADVANCE 0090</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#2, ADVANCE, MO.</u>		d. STREET ADDRESS (If outside, give location) <u>R#2</u>	
3. NAME OF DECEASED (Type or print) First <u>Lyda</u> Middle <u>F.</u> Last <u>BAKER</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 1, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House hold</u>	11. BIRTHPLACE (City and state or country) <u>Somerset Ky.</u>
13a. FATHER'S NAME <u>Sweet</u>		14. NAME OF HUSBAND OR WIFE <u>R. M. Baker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>R. M. BAKER, ADVANCE, MO.</u>	
18. CAUSE OF DEATH (Not only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u>			<u>10 hrs</u>
DUE TO (c) <u>Carcinoma of Vagina</u>			<u>10 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1761</u>			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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>Aug 58</u> to <u>April 15, 59</u> and last saw her alive on <u>April 14, 59</u> Death occurred on <u>April 15, 59</u> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>Stephen Parker M.D.</u> (Degree or title)		22b. ADDRESS <u>Boonfield, Mo.</u>	
22c. DATE SIGNED <u>4-19-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4-18-59</u>	
23c. NAME OF CEMETERY OR EXHUMATION <u>Morgan Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Advance Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>W-H Morgan, Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *W<sup>m</sup> H Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.