Health, Welfare Public Service

300 -57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018360
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Marceline, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bunton Rest Home Length of stay in 1b 4 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN Goldsberry, 0610 0 Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Baker

4. DATE OF DEATH Month June Day 5, Year 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH October 6, 1863
9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Queen City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Ozias Barnes
13b. MOTHER'S MAIDEN NAME Catharine Hackler
14. NAME OF HUSBAND OR WIFE William Baker (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Virgil Morgan Address Kansas City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 8 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 4-13-59, to 6-5-59 and last saw her alive on 6-5-59
Death occurred at 5:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. A. Divelbiss D.O. (Degree or title)
22b. ADDRESS Bucklin Mo
22c. DATE SIGNED 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 8, 1959
23c. NAME OF CEMETERY OR CREMATORY Helton Cemetery
23d. LOCATION (City, town, or county) (State) Goldsberry, Missouri

24. FUNERAL DIRECTOR ADDRESS Larson Funeral Service, Bucklin, Mo.
25. DATE RECD. BY LOCAL REG. 6-9-59
26. REGISTRAR'S SIGNATURE Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

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 G. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.