

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028697

FILED VS. AUG 31 1959

Primary Registration District No. 200 Registrar's No. 875E

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 7 1/2 days	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 602 Pearl		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HAZEL Middle E. Last BAKER			4. DATE OF DEATH Month August Day 18, Year 1959			
5. SEX Female	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 Feb. 10, 1910	9. AGE (last birthday) 49 IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 8 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 In Home	11. BIRTHPLACE (City and state or country) Yates Center, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ross Reno		13b. MOTHER'S MAIDEN NAME Ethel Donley		14. NAME OF HUSBAND OR WIFE L. E. Baker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT L. E. Baker		Address Monett, 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) Brain tumor					INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____				
		DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 7-13-59 , to 8-18-59 and last saw her <u>her</u> alive on 8-17-59 Death occurred at 5 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Ethel Pencil (Degree or title)			22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 8-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Yates Center		23d. LOCATION (City, town, or county) (State) Yates Center, Kansas		
24. FUNERAL DIRECTOR Buchanan Funeral Home ADDRESS Monett, Missouri			25. DATE RECD. BY LOCAL REG. 8-24-59	26. REGISTRAR'S SIGNATURE Effie S. Meeter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewis G. Schaefer

Licensed Embalmer No. 3862

P. O. Address Springfield

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.