

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-032956**

FILED VS OCT 13 1959

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 87

STATE FILE NUMBER

|   |  |   |  |
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| 1. PLACE OF DEATH<br>a. COUNTY <b>LEWIS</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>LEWIS</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>CANTON</b>                  | Length of stay in 1b<br><b>35 yrs.</b> | c. CITY OR TOWN <b>CANTON</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>903 White St.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>903 WHITE ST.</b>                |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>CARRIE</b> Middle <b>WMMMA</b> Last <b>BAKER</b> | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>1</b> Year <b>1959</b> |
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|                      |                               |   |                                 |                                  |  |  |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>9/24/76</b> | 9. AGE (last birthday) <b>83</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>XXXXXXXXXXXXX</b> | 11. BIRTHPLACE (City and state or country)<br><b>Parkersburg, W. Virginia</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|--|---|--|
| 13a. FATHER'S NAME<br><b>ASBURY BARNES</b> | 13b. MOTHER'S MAIDEN NAME<br><b>LOUISE SUTTER</b> | 14. NAME OF HUSBAND OR WIFE<br><b>WALTER BAKER</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>XXXXXXXXXXXXX</b> | 17. INFORMANT Address<br><b>WALTER BAKER, CANTON, MISSOURI</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min.</u> |                |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arteriosclerotic heart disease</u> |  | <u>30 days</u> |
|  | DUE TO (c) _____                                 |  |                |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ |
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| 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 2-1-57 to 9-28-59 and last saw her alive on 6-5-59  
Death occurred at 6:45P m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>John Rykstra D.O.</u> | 22b. ADDRESS<br><u>Canton, Mo</u> | 22c. DATE SIGNED<br><u>10-5-59</u> |
|--|-----------------------------------|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>10/4/59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST GROVE</b> | 23d. LOCATION (City, town, or county) (State)<br><b>CANTON, MISSOURI</b> |
|--|-----------------------------|---|--|

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| 24. GENERAL DIRECTOR<br><u>Charles S. Arnold, Sr.</u> | ADDRESS<br><b>Lewistown, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>10-5-59</b> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Henry Lloyd</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address Lewistown, M.

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.