

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038973

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1150

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		a. STATE Missouri		b. COUNTY Buchanan			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Police Station		Length of stay in lb yr		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 515 1/2 Edmond		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Edward Gordon Baker				4. DATE OF DEATH Month Day Year Nov 15, 1959					
5. SEX Male		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 Nov 2, 1919			
				9. AGE (last birthday) 40		10. IF UNDER 1 YEAR Months Days			
						11. IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Unk		11. BIRTHPLACE (City and state or country) Greene Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Floyd Baker			13b. MOTHER'S MAIDEN NAME Theresa McClain			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. unk		17. INFORMANT Theresa McClain, Chillcothe Mo Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) Unattended Death -									
DUE TO (b) natural Causes - Investigated									
DUE TO (c) City Health Dept									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year									
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 _____, to _____ and last saw her him alive on _____ Death occurred at 7:20 AM - _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert N. Kieber, M.D.						22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 11-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/18/59		23c. NAME OF CEMETERY OR CREMATORY Edgewood, Cemetery		23d. LOCATION (City, town, or county) Chillcothe Mo		(State)	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG. Nov. 19, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

DOCUMENT

BY AFFIDAVIT OF R.W. Kieber, M.D. MEDICAL CERTIFICATION

3004 11 8 ACB SN

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

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.