

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 10 1960

Registration District No. 340 Primary Registration District No. 151 Registrar's No. 14 STATE FILE NUMBER 59-047084

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma R. 1 Elk Imp</u>		Length of stay in lb <u>10 yrs</u>	c. CITY OR TOWN <u>Parma R. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 miles E of Hills Store</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Emery</u> Last <u>Baker</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>cauc.</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>Feb. 24 1898</u>	9. AGE (last birthday) <u>61 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Peach Orchard Ark.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>John H. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Bethelda Barnes</u>	
13c. NAME OF HUSBAND OR WIFE <u>Maggie Baker</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>486-62-7774</u>		17. INFORMANT <u>Maggie Baker Parma Mo Rt. 1</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary of Lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
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 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. 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 <u>11-1-59</u> to <u>11-21-59</u> and last saw him alive on <u>11-21-59</u> Death occurred at <u>10:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. M. Jones, M.D.</u>			22b. ADDRESS <u>Mocheaux Mo.</u>		22c. DATE SIGNED <u>1-28-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Nov. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bernie Mo.</u>	
24. FUNERAL DIRECTOR <u>Watkins Funeral Ser., Parma Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-5-60</u>		26. REGISTRAR'S SIGNATURE <u>Velma D. Jenkins</u>	

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 Marcel Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter W

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.