

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002621

FILED VS JAN 15 1960 *238*

Registration District No. *5823* Primary Registration District No. *45* Registrar's No. *45*

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid Twsp Length of stay in 1b 1 year c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile W. Ristine Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN Kewanee Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1 mile W. Ristine Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Eddie Middle Baker Last Baker			4. DATE OF DEATH Month January Day 3 Year 1960				
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 6. 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 4 Days 27 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Mississipi			
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Richard Baker		13b. MOTHER'S MAIDEN NAME Mary Jane Deicart			
14. NAME OF HUSBAND OR WIFE Elizabeth Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT Eli, abeth Baker-Kewanee, Mo.		17. 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) Bilateral Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephritis, Prostatitis Acute Re- DUE TO (c) Tention			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 checked="" 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 Dec 28-59 to Jan 3-1960 and last saw her/him alive on Jan 2nd 1960 . Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>G.B. Chandler M.D.</i> (Degree or title)		22b. ADDRESS New Madrid Mo		22c. DATE SIGNED 1/7/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-8-60		23c. NAME OF CEMETERY OR CREMATORY Simmons Pural Park			
23d. LOCATION (City, town, or county) (State) Catron, Mo.		24. FUNERAL DIRECTOR ADDRESS Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 1-8-60			
26. REGISTRAR'S SIGNATURE <i>Foy Hedgpeth</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1960

JAN 15 1960

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 David S. Pender

Licensed Embalmer No. 5037

P. O. Address Lithonia, Ga.

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.