

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027603

FILED VS JUL 20 1960

209

Primary Registration District No. 3043

Registrar's No. 285

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion						
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal			Length of stay in 1b 35 Years		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Levering Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 200 Rock Street				
3. NAME OF DECEASED (Type or print) First ASA Middle JAMES Last BAKER				4. DATE OF DEATH Month July Day 17 Year 1960						
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 Feb. 17, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 5 Days	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Machinist			10b. KIND OF BUSINESS OR INDUSTRY C.B. & O. Railroad		11. BIRTHPLACE (City and state or country) Pike County Illinois		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Harvey W. Baker			13b. MOTHER'S MAIDEN NAME Lutie Cavender		14. NAME OF HUSBAND OR WIFE Fay Armstrong 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. 707 05 7292		17. INFORMANT Address Mrs. A.J. Baker, Hannibal 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) Acemia DUE TO (b) Hypertension DUE TO (c) Prostatic Hypertrophy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Electrolyte imbalance							INTERVAL BETWEEN ONSET AND DEATH 6 days 6 months 7 months			
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 Hannibal, Mo.	COUNTY Marion	STATE Missouri
21. I attended the deceased from 7/12/60 to 7/17/60 and last saw him alive on 7/16/60 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Robert J. Lanning - M.D.				22b. ADDRESS Hannibal, Mo.		22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/19/1960		23c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery		23d. LOCATION (City, town, or county) (State) Pike County Illinois				
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri				25. DATE RECD. BY LOCAL REG. 7/18/60		26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman				

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

H. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.