

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 14 1960

60-037990
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1096A

INDEXED

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>D.O.A.</u>		c. CITY OR TOWN <u>Bois D'ARC</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>3 miles So. of Bois D'ARC</u>			
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>LASCALLE</u> Last <u>BAKER</u>				4. DATE OF DEATH Month <u>October</u> Day <u>30</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</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>1-9-1888</u>			
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and state or country) <u>Plainfield, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Tom BAKER</u>			13b. MOTHER'S MAIDEN NAME <u>SUSIE BAKER</u>			14. NAME OF HUSBAND OR WIFE <u>ROXIE EVA BAKER</u>			
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>YES</u>		17. INFORMANT <u>ROXIE EVA BAKER, Bois D'ARC, Mo</u>				
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>Gunshot wound in head</u>							INTERVAL BETWEEN ONSET AND DEATH		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>He apparently shot himself in head with a 22ga. rifle. He was said to be very despondant over the health of his son.</u>					
20c. TIME OF DEATH Hour <u>10:00 A.M.</u> Month, Day, Year <u>10/30/60</u>									
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.) <u>at home</u>		20f. CITY, TOWN, OR LOCATION <u>Bois D'ARC, Greene, Missouri</u>		COUNTY STATE			
21. I attended the deceased from <u>Approx 4:00</u> to <u>A.M.</u> and last saw her/him alive on <u>Nov 2, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Reph H. Plieane</u> <u>Greene County Coroner</u>				22b. ADDRESS <u>Springfield, Missouri</u>				22c. DATE SIGNED <u>11/3/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Nov. 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>YEAKLEY CHAPEL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Bois D'ARC, Missouri</u>			
24. FUNERAL DIRECTOR <u>Brim-Daniel Funeral Home, Ash Grove, Mo</u>			ADDRESS <u>11-7-60</u>		25. DATE RECD. BY LOCAL REG. <u>11-7-60</u>				
26. REGISTRAR'S SIGNATURE <u>Effie S. Meeton</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray S. Ireland

Licensed Embalmer No. 5057

P. O. Address Delust Green

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