

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042932
STATE FILE NUMBER

FILED VS DEC 5 1960
Registration District No. 245

Primary Registration District No. 5834

Registrar's No. 1274

INDEXED

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Diamond, Rt. 1		c. CITY OR TOWN Diamond, Rt. 1	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marion Twp.		d. STREET ADDRESS (If outside, give location) Marion Twp.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George William Baker			4. DATE OF DEATH Month Day Year Nov. 11 1960
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1873
9. AGE (last birthday) 87		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) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Parker Baker	
13b. MOTHER'S MAIDEN NAME Harriett Hawk		14. NAME OF HUSBAND OR WIFE Martha Eva Keller	
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 Address Elbert Baker, Rt. 1, Carthage
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death Unknown DUE TO (b) Natural Causes DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had been dead several days when found			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.) Natural Causes	
20c. TIME OF INJURY Hour Month, Day, Year 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 11:00A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Barley Thompson Correy		22b. ADDRESS Neosho Mo.	
22c. DATE SIGNED 11/18/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) (State) Jasper Co. Mo.
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 11-29-1960	26. REGISTRAR'S SIGNATURE Delvin C. Bowman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Signature

The remains of Mr. George William Baker was not embalmed! He had been dead for five days in a house closed, with a gas fire next to the bed. Putrefaction and decomposition had already taken place and his body was far to gone to do any arterial work.

His body was placed in a disaster pouch with strong disinfectants and then placed in a glass sealer casket.

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 Edwin E. Shum

Licensed Embalmer No. 4955

P. O. Address Parting

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.