

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 307

STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Boone
 b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia Length of stay in 1b 19 Days
 c. FULL NAME OF (if NOT in hospital, give location) Boone County Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Boone
 c. CITY OR TOWN Centralia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 409 S. Jefferson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MABELLE Middle BAKER Last
 4. DATE OF DEATH May 11, 1961
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-9-1877 9. AGE (last birthday) 84 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) At Home 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Audrain Co., Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Zachary Baker 13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Grindstaff 14. NAME OF HUSBAND OR WIFE
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT T.H. Durk, Hallsville, Mo. 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) Hypertensive Heart Disease & Failure INTERVAL BETWEEN ONSET AND DEATH 20 yrs
 DUE TO (b) Atrophic Kidney 20 yrs
 DUE TO (c)
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour. 6:45 A Month, Day, Year 7/22/61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION Columbia COUNTY Boone STATE Missouri
 21. I attended the deceased from 7/22/61 to 5/11/61 and last saw him alive on 5/10/61
 Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. W. W. M.D. (Degree or title) 22b. ADDRESS 3 West Blvd No. Columbia Mo 22c. DATE SIGNED 5/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-14-1961 23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery 23d. LOCATION (City, town, or county) (State) Boone County, Missouri

24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo. ADDRESS May 13, 1961 25. DATE RECD. BY LOCAL REG. Mrs R.E. Palmer 26. REGISTRAR'S SIGNATURE

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia MO

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.