MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-015842
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 74

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0551
2 1040
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4 1
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9 331X
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Length of stay in 1b 2 days

c. CITY OR TOWN Galena — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Baker

4. DATE OF DEATH Month April Day 22 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/20/1881

9. AGE (last birthday) 80 — 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) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Charley Siessor

13b. MOTHER'S MAIDEN NAME Maggie Michel

14. NAME OF HUSBAND OR WIFE Oren O.Baker

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.

17. INFORMANT Oren O,Baker Address Galena, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Centre vascular accident — INTERVAL BETWEEN ONSET AND DEATH 4 days

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) Genl Arteriosclerosis

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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from 4/20/62, to 4/22/62 and last saw her alive on 4/21/62

Death occurred at 4:30A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS Aurora Mo

22c. DATE SIGNED 4/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4/22/62

23c. NAME OF CEMETERY OR CREMATORY Ponce De Leon

23d. LOCATION (City, town, or county) (State) Stone County, Missouri

24. FUNERAL DIRECTOR ADDRESS Manlove Funeral Home, Crane, Mo

25. DATE RECD. BY LOCAL REG. 4-22-62

26. REGISTRAR'S SIGNATURE George Langley Per L. Phillips

(Licensed Embalmer's Statement on Reverse Side)

Issued pending signature

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_____ Signed George H Maulse

Signature of Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Crane 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.