

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048623

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381- Primary Registration District No. 3059 3038 Registrar's No. 516

FILED DEC 26 1963	
1. PLACE OF DEATH a. COUNTY Linn b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield Length of stay in 1b 8 weeks c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Memorial Hosp Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan c. CITY OR TOWN Winigan Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Della Middle --- Last Baker	
4. DATE OF DEATH Month 12 Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/9/1878
9. AGE (last birthday) 85	IF UNDER 1 YEAR Months --- Days ---
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Goldsberry, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Greenstreet	13b. MOTHER'S MAIDEN NAME Lucinda Murry
14. NAME OF HUSBAND OR WIFE Gordon Edward Baker	15. WAS DECEASED EVER IN U.S. ARMED FORCE? (Yes, no, or unknown) No (If yes, give war or dates)
17. INFORMANT Raymond E. Baker, Brookfield, Mo.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
21. I attended the deceased from <u>1961</u> to <u>1963</u> and last saw ^{her} him alive on <u>12-14-63</u> Death occurred at <u>11:50</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>B. O. Arnold</u>	22b. ADDRESS <u>M-O, Brookfield Mo</u>
22c. DATE SIGNED <u>12-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/16/1963
23c. NAME OF CEMETERY OR CREMATORY Winigan Cemetery	23d. LOCATION (City, town, or county) Winigan, Mo. (State)
24. FUNERAL DIRECTOR <u>Glenn E. Kuntz and Greenleaf Co</u>	25. DATE RECD. BY LOCAL REG. <u>12-15-63</u>
26. REGISTRAR'S SIGNATURE <u>Archie Watson</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 0585
 2 1050
 3 2
 4 1
 5 2
 6
 7 0
 8 2
 9 384 X
 10
 11
 12 2-0
 13 2-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

1918-1919

Missouri

Missouri

X

Missouri

Missouri

Missouri

X

Missouri

1918-1919

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 Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.