

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31920

State File No.

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural - Cuivre Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence - 8 1/2 mi. S.E. Laddonia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Curtis Baker

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Shutts Baker 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 27 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Selene County Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

12. Name Charles Baker

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hartsock

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Baker

(b) Address Laddonia, Mo.

17. (a) Burial (b) Date thereof Nov 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Clyde C. Hilkey

(b) Address Laddonia, Mo.

19. (a) Nov 1 1948 (b) Mallie Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 1/2 mi. S.E. Laddonia, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 20 to Oct 31 - 1948
that I last saw him alive on Oct 28 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration Chronic

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. K. McCall (M. D. or other) _____

Address Laddonia, Mo. Date signed 10-31-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1930

Date Filed NOV 10 1946

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 _____

John E. Maxwell, Registered Apprentice No. 252
working under my personal supervision.

Signed Clyde E. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry Ins

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 this body is not embalmed, fact should be so stated above.