

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 17 1948
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County... **Shelby county**
(b) City or town... **Clarence, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution. **None**
(Specify whether
In this community... **Entire life**
years, months or days)

3. (a) PRINT FULL NAME... **William Rodney Baker**
3. (b) If veteran, **X** 3. (c) Social Security No. **X**
name war...
4. Sex... **Male** 5. Color or race... **White**
6. (a) Single, widowed, married, divorced... **Married**
6. (b) Name of husband or wife... **Leisa Baker**
6. (c) Age of husband or wife if alive... **69** years
7. Birth date of deceased... **July 14th 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **3** **21** hr. min.

9. Birthplace... **Shelby county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Rtr. Farmer**

11. Industry or business...
12. Name... **Oscar Baker**
13. Birthplace... **Shelby county Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name... **Mary Elizabeth Reiser**
15. Birthplace... **Marion Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs. Leisa Baker**
(b) Address... **Clarence, Mo.**

17. (a) **Burial** (b) Date thereof **11-7-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Clarence, Mo.**

18. (a) Signature of funeral director... **Million & Barkelaw**
(b) Address... **Clarence, Mo.**

19. (a) **Nov 13 48** (b) **Reith Dwyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Missouri** (b) County... **Shelby**
(c) City or town... **Clarence, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No... **None**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... **November** day... **5th**
year... **1948** hour... **2** minute... **A.** M.

21. I hereby certify that I attended the deceased from **Dec 25**, 19**45** to **November 5**, 19**48**.
that I last saw him alive on **November 5**, 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death... **Myocardial Regurgitation**
Due to... **Cerebral Hemorrhage**
Duration... **1 year**

Due to... **3 years**
Other conditions...
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations... **92 B**
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?.....
(Specify type of place)
While at work? (e) Means of injury.....

23. Signature... **Dr. B. H. Edgington** (M. D. or other) **D.O.**
Address... **Clarence, Mo.** Date signed... **Nov 18, 1948**

RECEIVED
District Health Officer No. 13
District File No. 11-48-1960
Date Filed NOV 16 1960

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3498

P. O. Address _____

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.