

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1505

State File No.

FILED FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUCKNER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUCKNER</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. VIOLET</u>	b. (Middle) <u>SUE</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 23 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 3, 1916</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>DARDANELLE, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>MARSHALL CHRISTY</u>	13b. MOTHER'S MAIDEN NAME <u>MAY FRASER</u>	14. NAME OF HUSBAND OR WIFE <u>CECIL JAMES BAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CECIL JAMES BAKER</u>	ADDRESS <u>BUCKNER, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>6911</u>		
	DUE TO (c) <u>Pregnancy (childbirth)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>684</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 22, 1949 to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Higgins, Jr., M.D.</u>	(Degree or title)	23b. ADDRESS <u>2 Buckner Mo.</u>	23c. DATE SIGNED <u>1/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beebe, Arkansas</u>	24d. LOCATION (City, town, or county) (State) <u>BEEBE, ARKANSAS</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. T. Newcomer's Sons</u>	ADDRESS <u>401 Brush Creek Blvd. Kansas City, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.

Signed.....

James T. News

Signed.....

Student Embalmer

Licensed Embalmer No. *445-3*

P. O. Address *Kansas City*

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.