

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4203

BIRTH NO. 50		REG. DIST. NO. 5776		PRIMARY REG. DIST. NO. 5176		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Camden - rural - Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montreal</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montreal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Frederick Home, Ken Del</u>				d. STREET ADDRESS (If rural, give location) <u>Ken Del</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Malinda</u> c. (Last) <u>Baker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 - 49</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>whx</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar - 10 - 1862</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>10</u>		11. DAYS <u>17</u>		12. IF UNDER 1 YEAR Hours <u>11</u> Mins. <u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (State or foreign country) <u>Stoutville Ind</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Bennie Ling</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda (?)</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Smith Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. St. Frederick Montreal, Mo.</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Athromia and advanced age</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11321</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montreal Camden Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>April</u> , 1948, to <u>Jan</u> , 1949, that I last saw the deceased alive on <u>Jan 15, 1949</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. E. Coates, M.D.</u>				23b. ADDRESS <u>Stoutsville Mo</u>		23c. DATE SIGNED <u>1-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 29 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Montreal, Camden Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 8 - 1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen Woolery</u>		ADDRESS <u>Camden Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED
District Health Officer No. 7,
District File Number 1-49-96
Date Filed 2-15-49

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.....

Phie Banks Woolley

Signed.....

Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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.