

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5818

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6013</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>1107 Henry Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1949</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delria</u>		b. (Middle) _____		c. (Last) <u>Baker</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 25, 1867</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
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 _____		11. BIRTHPLACE (State or foreign country) <u>Randolph Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Woodson Hagar</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Francis Giles</u>		14. NAME OF HUSBAND OR WIFE <u>George Baker</u>				
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.M. Miles; Huntsville, Missouri</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Arterial sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>49</u> , to <u>2-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>49</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Henry S. Jolly D.D. 2</u>				23b. ADDRESS <u>203 1/2 N. Clark, Moberly</u>		23c. DATE SIGNED <u>2-12-49</u>			
24a. BURIAL / CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-16-49</u>		REGISTRAR'S SIGNATURE <u>Miss L.A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton Huntsville, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 249

Date Filed FEB 23 1948

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
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.