

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9097

FILED APR 11 1949

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4296 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> c. CITY OR TOWN <u>Browning</u>	
b. CITY OR TOWN <u>Browning</u>		c. CITY OR TOWN <u>Browning</u>	
c. LENGTH OF STAY (in this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>Mura</u>	a. (First)	b. (Middle)	c. (Last) <u>Baker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-8-84</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>64 4 12</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	11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Frank Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Keitley</u>	14. NAME OF HUSBAND OR WIFE <u>Albert 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Baker - Browning 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		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, arteriosclerosis</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>B18</u>		

19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Meator MD</u>	23b. ADDRESS <u>Browning Mo</u>	23c. DATE SIGNED <u>3/21/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koenig Valley</u>
24d. LOCATION (City, town, or county) (State) <u>Browning Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schaefer Dwight Schaefer</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Elva Crookshank</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

OCT 1 1938

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

R. Morris Cleaton

Student Embalmer No. *238*

working under my personal supervision.

Signed *R. Morris Cleaton*
Student Embalmer

Signed

Dwight Schauer

Licensed Embalmer No. *2667*

P. O. Address *Uxlan, Mo.*

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.