

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15049

FILED JUN 9 1949

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (do this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital			d. STREET ADDRESS (If rural, give location) 208 W 2nd		
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Warman c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) June 1 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6. 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 3 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Golden Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Baker		13b. MOTHER'S MAIDEN NAME Elizabeth ?	14. NAME OF HUSBAND OR WIFE Katie Baker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Baker ADDRESS 208 W 2nd Fulton		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 das. 3 yrs. 4300.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
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 ⁴⁴ to 6-1 , 19 ⁴⁹ , that I last saw the deceased alive on 6-1 , 19 ⁴⁹ , and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John J. Brown M.D.		23b. ADDRESS Fulton, Mo		23c. DATE SIGNED 6-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June, 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Missouri		
DATE REC'D BY LOCAL REG. June-1-1949	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home ADDRESS Fulton, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed JUN 8 1949

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 *Denzil E. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.