

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20101
Registrar's No. 52

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3034		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 17 and Main			
3. NAME OF DECEASED (Type or Print) Elard		a. (First) b. (Middle) c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) June 23 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 13 1884	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR 8 Months		11. UNDER 1 YEAR 9 Days		12. UNDER 1 YEAR 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired Engineer Higbee, Mo.		11. BIRTHPLACE (State or foreign country) O		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Oscar Elard		13b. MOTHER'S MAIDEN NAME Laura Haden		14. NAME OF HUSBAND OR WIFE Grace Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-1801559		17. INFORMANT'S SIGNATURE OR NAME Roy Kinnison Higginsville, Mo.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease years 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 instant 4:20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2, 1949, to June 23, 1949, that I last saw the deceased alive on June 22, 1949 and that death occurred at 10:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Koppert, M.D.		23b. ADDRESS Higginsville, Mo.		23c. DATE SIGNED 6-24-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 26 1949		24c. NAME OF CEMETERY OR CREMATORY Higbee City		24d. LOCATION (City, town, or county) (State) Higbee Missouri	
DATE REC'D BY LOCAL REG. 6-25-1949		REGISTRAR'S SIGNATURE Clayton H. Landrum		FURNERAL DIRECTOR'S SIGNATURE W. H. Koppert		ADDRESS Higginsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28

District Health Officer No. 8,

District File Number _____

Date Filed 6-28-79

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 _____

Forrest Ricketts

Signed _____

Student Embalmer

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.