

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20384

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Forest	b. (Middle) Wayne	c. (Last) Baker	6 19 1949		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-11-1918	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 0 Days 28	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY mechanic	11. BIRTHPLACE (State or foreign country) Gilman City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Lester Baker	13b. MOTHER'S MAIDEN NAME Martha Christine Spive	14. NAME OF HUSBAND OR WIFE Nona Lame Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-14-8528	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nona Baker	ADDRESS Grant City, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Incarcerated & strangled retroperitoneal hernia of traumatic		68124
	DUE TO (c) pleurisy with extensive consolidation hepatitis & necrosis of small bowel		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			25

19a. DATE OF OPERATION 6-7-49	19b. MAJOR FINDINGS OF OPERATION Hernia as above & perforation & strangulation	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 11000	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Worth Mo.
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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? through bus window
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22. I hereby certify that I attended the deceased from **6-7**, 19**49**, to **7**, 19, that I last saw the deceased alive on **6-9**, 19**49**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. C. Bowman M.D.	23b. ADDRESS 1316 Main Marshall Mo	23c. DATE SIGNED 6-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6 12 1949	24c. NAME OF CEMETERY OR CREMATORY Prairie Chapel	24d. LOCATION (City, town, or county) (State) Denver, Mo.
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DATE REC'D BY LOCAL REG. 6-14-49	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee	ADDRESS Grant city mo
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 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 Arch C. Dwyer

Licensed Embalmer No. 3252

P. O. Address Grant City 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.