

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4284		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Life				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Frank		b. (Middle) Z.		c. (Last) Baker	
4. DATE OF DEATH		9/30/49		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married		8. DATE OF BIRTH Feb 4, 1875		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Knox County	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Nute Green Baker		13b. MOTHER'S MAIDEN NAME Mary Belar		14. NAME OF HUSBAND OR WIFE Lillian Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Baker		ADDRESS La Belle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Edema of Larynx ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia 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 0534	
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) m.		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 9-11, 1949, to 9-30, 1949, that I last saw the deceased alive on 9-30, 1949, and that death occurred at 3 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. S. Coates, D.O.		23b. ADDRESS La Belle, Mo.		23c. DATE SIGNED 10-1-49			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 20/2/49		24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		24d. LOCATION (City, town, or county) (State) Knox City Missouri	
DATE REC'D BY LOCAL REG. 10-4-49		REGISTRAR'S SIGNATURE P. H. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. S. Coates, Jr. ADDRESS La Belle, Mo.			

(Licensed Embroider's Statement on Reverse Side)

RECEIVED OCT 12 1949
District Health Officer No. 10
District File Number 10-49-12
Date Filed OCT 12 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 Myself

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 328
P. O. Address L. Bull, 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.