

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36864

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1055	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 14 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		30	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				d. STREET ADDRESS (If rural, give location) 2241 N. Main			
3. NAME OF DECEASED (Type or Print) a. (First) Petta		b. (Middle) Herr		c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 4, 1879		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6	IF UNDER 2 WKS. Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John H. Herr		13b. MOTHER'S MAIDEN NAME BORWRIGHT		14. NAME OF HUSBAND OR WIFE William L. 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. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Roy Marra - 2410 N. Lee			
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 Thrombosis - Presumed Sup. Mesenteric artery thrombosis ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS arthritis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Approx 24 hrs. probably several yrs. several yrs.	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 30 Nov , 1949, to 1 Dec , 1949, that I last saw the deceased alive on 30 Nov , 1949, and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE Harris E. Knapp M.D. (Degree or title)				23b. ADDRESS 1630 N. Jefferson Ave Springfield, Mo.		23c. DATE SIGNED 1 Dec 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-49	24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Springfield, Mo		
DATE REC'D BY LOCAL REG. 12-2-49		REGISTRAR'S SIGNATURE W.G. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. W. Klingman & Co. Springfield			

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

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 Ogle Stone Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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.