

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1949

State File No. 38371

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

| | | | | | | | | |
|--|---------------------------|---|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>300</u> | | PRIMARY REG. DIST. NO. <u>6029</u> | | Registrar's No. <u>14</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Ernat</u> c. (Last) <u>Baker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-49</u> | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>20/1/84</u> | 9. AGE (In years last birthday) <u>55</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u> Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Henry Baker</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Betty Reed</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jane Baker</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jane Baker Ellington, Mo.</u> ADDRESS _____ | | | | |
| 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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> <u>4501</u> | |
| 19b. MAJOR FINDINGS OF OPERATION _____ | | 19c. DATE OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>11-7</u> , 19 <u>49</u> , to <u>11-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>49</u> , and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>A. F. Bugg, M.D.</u> | | | | 23b. ADDRESS <u>Ellington, Mo.</u> | | 23c. DATE SIGNED <u>11-8-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-10-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ellington, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Nov. 25</u> | | REGISTRAR'S SIGNATURE <u>Eddie Evans</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuckel, Ell. Mo.</u> ADDRESS _____ | | | | |

RECEIVED

12/1/49

District Health Officer No. 5,

District File Number 1249748

Date Filed 12/2/49

MAR 15 1961

APR 17 1961

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 11-1-4

Student Embalmer No. _____

working under my personal supervision.

Signed Phil A Leuchel

Signed _____
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.