U.S. No. 300
Rev. 10-48

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40971

State File No.

BIRTH NO. 79981-49 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 54

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
c. LENGTH OF STAY (in this place): 14 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys of the Ozarks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mill Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Annette
b. (Middle): Loraine
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant D
8. DATE OF BIRTH: Nov. 26, 1949
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours 14; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — infant —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironton, Missouri D
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Denver Baker
13b. MOTHER'S MAIDEN NAME: Gertrude Hale
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Charles D. Baker
ADDRESS: Mill Creek, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial Hemorrhage (Spontaneous) — INTERVAL BETWEEN ONSET AND DEATH: 11/26/49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) New-born (Long Labor 1st stage)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7710

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* 11/26, 1949, *to* 11/26, 1949, *that I last saw the deceased alive on* 11/26, 1949, *and that death occurred at* 6:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Larland M.D.
23b. ADDRESS: Ironton Mo.
23c. DATE SIGNED: 12/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27, 1949
24c. NAME OF CEMETERY OR CREMATORY: Marcus memorial Park
24d. LOCATION (City, town, or county) (State): Madison Co. Missouri

DATE REC'D BY LOCAL REG.: Dec. 7, 1949
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128 1
25. FUNERAL DIRECTOR'S SIGNATURE: Webb-Adamson
ADDRESS: Frederick town Mo

(Licensed Embalmer's Statement on Reverse Side)

FILED 12-12-49

Registrar's Office No. 4

File Number 1249-1616

Date Filed

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 J. Talbert Adamson

Licensed Embalmer No. 1351

P. O. Address Fredericktown, 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.