j •			_	FICATE OF DEA	••			ست 125ست. مے 2
BIRTH NO.		REG. DIST.	NO	PRIMARY REG. DIST.				
I. PLACE OF DEA	TH			2 USUAL RESID	ENCE (W		₩.	ما سرق م
a. COUNTY	Howard			a. STATE Mis:	souri	b. COUN	'' Howa	.rd
b. CITY (If outside cor	purate limite, write R	URAL and give	c. LENGTH OF	c. CITY (If outside sor	porate limite,	write RURAL and		
or Town Higbe	-	ural	STAY (in this place		gbee i	Ma '	Rural	07-
d. FULL NAME OF O			· · · · · · · · · · · · · · · · · · ·	d. STREET		ive location)		
HOSPITAL OR INSTITUTION	II how in bospecia or in			ADDRESS				
3. NAME OF DECEASED	a. (First)	b	. (Middle)	c. (Last)			Month) (D	ay) (Yes
(Type or Print)	Richard			Baker		of Death Mai	r 25	I950
	COLOR OR RACE	1 7. MARRIED. N	EVER MARRIED,	8. DATE OF BIRTH	i	9. AGE (In years	of theory I YEAR	R IF DECER IS
		WIDOWED, D	NVORCED (Specify)	July 27 I	969	last birthday) 87	Months Day	Hours I
	White	Marri		11. BIRTHPLACE (State			1 12 /	CITIZEN OF
10a. USUAL OCCUPATIO		IUD. KIND OF	BUSINESS OR IN- DUSTRY	11. DIKITIPLACE (Blate		/	\	CITIZEN OF W DUNTRY?
Farmer		_			How	ard o.		
13a. FATHER'S NAME		136.	MOTHER'S MAIDER	NAME	14. NAM	OF HUSBAND	OR WIFE	
Jessie B	aker _	1	Polly Rol	<u>perts</u>	1			
15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. :	SOCIAL SECURITY		S SIGNA	TURE OR NA	ME	ADDRES
(Yes, no, or unknown) (II	yes, give war or dates	of service)	NO.	Mrs Barney	Welle	ດກ	Higbee	Mo
No I			MEDICAL	CERTIFICATION	11017	<u> </u>		TERVAL BETW
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION ING TO DEATH*(Ω.	cipal !	ne	mond		NSET AND DEA
	ANTECEDENT C	ATICES						•
*This does not mean the mode of dying, such	Morbid condition		UE TO (b)					
as heart failure, asthenia,	THE to the above o	ause (a) stainig -	7		· · · · · · · · · · · · · · · · · · ·		martir To	
cic. It means the dis-	the underlying car	use last.	OUE,TO (6)	tu manala -			1	
tion which caused death.	II. OTHER SIGNII			T TAPES			—— ,	14.
iion wrich causea aeais.	Conditions contril	buting to the death	but not				7	red X
<u> </u>	related to the disco	ue or condition car	uring death.					1111
19a. DATE OF OPERA-	196. MAJOR FINI	DINGS OF OPER	ATION				20	. AUTOPSY?
I ION	;	-G •		. <u> </u>	· · ·			YES NO
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF IN home, farm, factory	JURY (s.g., in or about , street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	(CO)	L A CKLINI	(STATE)
2)d. TIME (Month)	(Day) (Year)	(Rouge) 21e. IN	JURY OCCURRED	21f. HOW DID INJURY	OCCURT			
OF		WHILE	T NOT WHILE	1				•
1		The WORK		777 2-1	,			
22. I hereby certify to alive on Mas	that I attended to 185	he deceased fr , and that d	eath occurred at	42, 1050, to _3.521, m., from t	he causes			
De STONATURE	in.	MA	(Degree or title)	23b. ADDRESS	وحب	Mo	22	e. DATE SIGN
	- 24b. DATE	24c.	NAME OF CEMETE	RY OR CREMATORY	24d. LOCAT	TION (City, tow	n, or county)	(Stat
MA BURIAL, CREMA		1			. شد	~		. 17.
TION, REMOVAL (Species	Man 20	Tasdi	Parcha	1	Boon	euo		W(C)
curial //	<u> Mar 27</u>		Perche	5 FUNERAL DIREC	Boon	CHATURE	ADDE	Mo
TION, REMOVAL (Species	<u> Mar 27</u>		Perche	Burton Fi	TOR'S S	CHATURE		188

MAR 31 District Health Officer No. 8, District File Number ---Doto Filed ___ 4-6-500

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Licensed Embalmer No

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.