

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4204		Registrar's No. 32	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>LEWIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LABELLE</u> c. LENGTH OF STAY (In this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LABELLE</u> <u>0560</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>C.</u> c. (Last) <u>BAKER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>APRIL 22, 1950</u>		<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>white</u>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>		<b>8. DATE OF BIRTH</b> <u>Oct. 27, 1850</u>		<b>9. AGE</b> (In years last birthday) <u>99</u> (Months) <u>5</u> (Days) <u>25</u> (Hours) _____ (Min.) _____		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>WAGON MAKER</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>CULPEPPER, VA.</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>U.S.A.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>WILLIAM McKEAN BAKER</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>FRANCES PATTIE CATHERINE FORD</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Herbert Hunsicker</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Constrictive heart failure</u> b. _____ c. _____ <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral insufficiency</u> DUE TO (c) <u>Senility</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 1/2 hr</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m. _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Jan 10, 1936, to April 22, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>W. J. Hunsicker, M.D.</u>				<b>23b. ADDRESS</b> <u>Labelle, Mo.</u>		<b>23c. DATE SIGNED</b> <u>4/24-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>4/25</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>LABELLE CEMETERY, LABELLE, MISSOURI</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>MISSOURI</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-28-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>P. J. Hunsicker</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. J. Hunsicker</u>		<b>ADDRESS</b> <u>Labelle, Mo.</u>	

RECEIVED MAY 10 1950  
District Health Officer No. 10  
District File Number 5-50-20  
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

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No.

P. O. Address

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.