

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14328**
 Registrar's No. **3944**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Paragould		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1205 Mississippi Avenue.				d. STREET ADDRESS (If rural, give location) 6			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE		b. (Middle) D.		c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) April 28-1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D		8. DATE OF BIRTH Sept. 18, 1898		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME James Baker		13b. MOTHER'S MAIDEN NAME Viola Morgan		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Addie Kulp ADDRESS 1205 Mississippi Ave			
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) Metastatic Squamous Carcinoma ANTECEDENT CAUSES from lower lip to lungs - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yr	
19a. DATE OF OPERATION 17 Mar 50		19b. MAJOR FINDINGS OF OPERATION Wide local recurrence of carcinoma.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 191A			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO		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 10 March, 1950 , to 24 April, 1950 , that I last saw the deceased alive on 27 April, 1950 , and that death occurred at 7:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Walter A. Coverfox (Degree or title) M.D.				23b. ADDRESS Paragould Hospital		23c. DATE SIGNED 1 May 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-1-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) _____ (State) Paragould, Arkansas	
DATE REC'D BY LOCAL REG. MAY 1 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC ADDRESS 2301 Lafayette			

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

WARREN A. COVERFOX

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 L. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.