

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15745**

BIRTH NO. 25770-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 187

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u> b. CITY OR TOWN <u>Kirksville, Mo.</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. C. O. S. Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> c. CITY OR TOWN <u>Rural Route 1 Baring</u> d. STREET ADDRESS (If rural, give location)		
<b>3. NAME OF DECEASED</b> a. (First) <u>Larry</u> b. (Middle) <u>Gene</u> c. (Last) <u>Baker</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 4, 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>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>May 4, 1950</u>		
<b>9. AGE</b> (In years last birthday) <u>12</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>	
<b>13a. FATHER'S NAME</b> <u>Lloyd Baker, Jr.</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kathleen Marie Huling</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Lloyd Baker, Jr., R.R. 1, Baring, Mo.</u>	
<b>MEDICAL CERTIFICATION</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Respiratory Insufficiency from Birth.</u> ANTECEDENT CAUSES <u>Premature &amp; Multiple Birth.</u> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1735</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) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <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 <u>May 4, 1950</u>, to <u>May 4, 1950</u>, that I last saw the deceased alive on <u>May 4, 1950</u>, and that death occurred at <u>9:23 p.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>Howard E. Gross, D.O., 2</u>		<b>23b. ADDRESS</b> <u>Kirksville, Missouri</u>		<b>23c. DATE SIGNED</b> <u>5-5-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <u>5-6-1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Honest-Hill Cemetery West of Morey, Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Mrs. J. W. Hudson, Edina, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>5-11-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kate Lambert</u>			

RECEIVED MAY 16 1950  
District Health Officer No.

Licensee File Number 5-50-6

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 not

.....  
working under my personal supervision.

Student Embalmer No. 1

Signed Mrs J. W. Hudson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2972

P. O. Address Edina, Minn.

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.