

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19676

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton Mo</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>07</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>				d. STREET ADDRESS (If rural, give location) <u>07</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) _____		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 21, 1871</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> IF UNDER 11 HRS. Hours <u>1</u> Min. <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BAKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish American</u>		16. SOCIAL SECURITY NO. <u>87-30-7726</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Baker, Mountain View, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic hypertension</u> DUE TO (c) <u>Gangrene of rt. foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>Wks</u> <u>15-1</u>	
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)		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 <u>6-1-</u> , 19 <u>50</u> , to <u>June 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-17-</u> , 19 <u>50</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm B. Richter M.D.</u> (Degree or title)				23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>6-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 20, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OPOLIS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>6-28-50</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>		ADDRESS <u>Stockton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1950

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-8-50

JUL 11 1950

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

John R. Cantlon

Licensed Embalmer No. 4387

P. O. Address *Stockton, 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.