

FILED JUL 15 1950

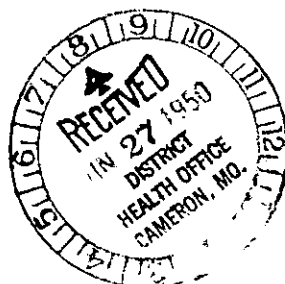
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22593**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>6272</b>		Registrar's No. <b>75</b>	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Allen</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Washington Township</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Five mile East Dexter mo</b>				d. STREET ADDRESS (If rural, give location) <b>4 1/2 mile NW of Martinsville 0410</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>		b. (Middle) <b>Belle</b>		c. (Last) <b>Baker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 14 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Sept 11 1869</b>		9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>3</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lived on Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Harrison County MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Wesslie W Macos</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Krist Baker (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Manford Smith Martinsville mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of neck of left femur 8-90</b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Chronic interstitial nephritis 6 yrs.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>9 days</b> <b>21</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>041</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Washington Twp. Harrison Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 6 1950 9 A.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>			
22. I hereby certify that I attended the deceased from <b>6-6</b> , 19 <b>50</b> , to <b>6-14</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>June 13</b> , 19 <b>50</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. E. Green</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>New Hampton Mo.</b>		23c. DATE SIGNED <b>6-15-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 16 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wishy Chapple</b>		24d. LOCATION (City, town, or county) (State) <b>Harrison County Mo</b>	
DATE REC'D BY LOCAL REG. <b>June 23 1950</b>		REGISTRAR'S SIGNATURE <b>John E. Dawson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W H Noble</b>		ADDRESS <b>New Hampton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. B. Noble

Licensed Embalmer No. 2904

P. O. Address

New Hampton 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.