

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22609

State File No.

| | | | | | | | | | |
|--|--|--|---|---|--|--|------------------------|---|--|
| BIRTH NO. | | REG. DIST. NO. 1 | | PRIMARY REG. DIST. NO. 3000 | | Registrar's No. 165 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scottland</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> | | c. LENGTH OF STAY (in this place) <u>11 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u> <u>1991</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Della</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>BAKER</u> | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 50</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u> | | 8. DATE OF BIRTH <u>8-22-64</u> | |
| 9. AGE (In years last birthday) Months Days <u>85 10 3</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri - Caldwell Co.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Story</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Farris</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James R. BAKER</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>R. J. Baker</u> ADDRESS <u>Milton</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inaction and starvation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bowel obstruction</u> DUE TO (c) <u>Malignancy of Bowel</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 yrs</u> <u>approx.</u> <u>3 yrs</u> <u>153X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>June 14, 1950</u> , to <u>June 25, 1950</u> , that I last saw the deceased alive on <u>June 24, 1950</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Vincent J. Strangis M.D.</u> | | | | 23b. ADDRESS <u>KIRKSVILLE No. Community Nursing Home</u> | | 23c. DATE SIGNED <u>June 25, 1950</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) | | 24b. DATE <u>June 27-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u> | | 24d. LOCATION (City, town, or county) (State) <u>Scottland Co Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-27-50</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath J. Haskell</u> ADDRESS <u>Memphis</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 31 1950
District Health Officer No. 10
District File Number 76-50-1112
Date Filed JUL 14 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Fred Gerth*

Signed.....
Student Embalmer

Licensed Embalmer No. *4256*

P. O. Address *Memphis*

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.