

FILED JUL 19 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22680**

BIRTH NO. _____		REG. DIST. NO. <b>6</b>		PRIMARY REG. DIST. NO. <b>4021</b>		Registrar's No. <b>-6</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Ladonia, Missouri</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Perry, Missouri</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Browns Rest Home</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b>		b. (Middle) <b>B.</b>		c. (Last) <b>Baker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4/2/1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept. 2, 1861</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Pike County, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Isaac Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Baker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Baker</b> ADDRESS <b>Perry, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tuberculous pneumonia</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>2-weeks</b>  <b>4-22</b>	
19a. DATE OF OPERATION <b>none</b>		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., 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) (Min.)		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 <b>3-22</b> , 19 <b>50</b> , to <b>April 2, 1950</b> , that I last saw the deceased alive on <b>April 2, 1950</b> , and that death occurred at <b>4:30 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. B. McCall</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Ladonia, Mo</b>		23c. DATE SIGNED <b>7/4/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/4/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-10-50</b>		REGISTRAR'S SIGNATURE <b>Martha Kanner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde Wilkey</b> ADDRESS <b>Perry, Missouri</b>			

(Licensed Embalmer's Statement (On Reverse Side))

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

RECEIVED

JUL 6 1950

District Health Officer No. 10

District File Number 4-50-1113

Date Filed JUL 4 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.....  
Student Embalmer

Signed

*Clyde W. Wicker*

Licensed Embalmer No. 3820

P. O. Address *Perry 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.