

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25754

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

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Memphis</u>		c. LENGTH OF STAY (in this place) <u>79 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>		0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>241 N. Clay St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 - 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 13 - 1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. AGE (In years last birthday) <u>76</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Orton R. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. P.M. Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. P.M. Baker Memphis</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <u>Jan 11</u> , 19 <u>50</u> , to <u>July 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 8, 1950</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>P.M. Baker</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>7/10/50</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/12/50</u>		REGISTRAR'S SIGNATURE <u>P.M. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leith. Bassett</u>		ADDRESS <u>Memphis</u>	

RECEIVED

AUG 7 1950

District Health Officer No. 10

District File Number 8-50-1272

Date Filed AUG 8 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

Fred Gorth

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.