

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25810

State File No.

BIRTH NO.		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Crane</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Crane</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Everett</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Baker</u>	
4. DATE OF DEATH (Month) (Day) (Year)		July 12-1950		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Married</u>		8. DATE OF BIRTH <u>May 6, 1885</u>		9. AGE (in years, last birthday) <u>65</u> Months <u>2</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		<u>Retired Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		<u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Baker Crane 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiomyopathy, renal disease with anemia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>142x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION <u>None</u>		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) (Minute)		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>July 10</u> , 19 <u>50</u> , to <u>July 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>50</u> , and that death occurred at <u>4:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. L. H. Hammond</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Crane, Mo</u>		23c. DATE SIGNED <u>July 13, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Town</u>		24d. LOCATION (City, town, or county) (State) <u>Crane, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 13-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray, Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Manlove</u>		ADDRESS <u>Crane, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-887

Date Filed 7-31-50

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, ~~only~~

working under my personal supervision.

Student Embalmer No.

Signed

George H. Manlove

Signed.....
Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Crane 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.