

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHOlson
State File No. 27441

058

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

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brookfield</u> 0587	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural give location) <u>323 W. Robard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 W. Robard</u>			
3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-3-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar-29-1886</u>
9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life even if retired) <u>Saw Mill Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lincoln Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>D. T.</u>	
13b. MOTHER'S MAIDEN NAME <u>Rachel Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie Baker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Dollie Baker</u>		ADDRESS <u>Brookfield 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>Cancer of stomach</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>T.B. vaccine</u>	
19a. DATE OF OPERATION <u>July 14 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized carcinoma torso</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		151XA	
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 <u>5-24, 1950</u> , to <u>9-3, 1950</u> , that I last saw the deceased alive on <u>9-2, 1950</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ervin T. Olson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>9-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-5-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-5-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>	
167		FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home</u>	
ADDRESS <u>Brookfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

Date Received: **SEP 1 1 1950**
DISTRICT HEALTH OFFICE
District File Number **9-50**
Date Filed: **SEP 1 2 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 *J. B. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.