

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31138

Registrar's No. 387

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) MADISON		c. CITY (If outside corporate limits, write RURAL and give township) MADISON	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) WILLIAM c. (Last) BAKER			4. DATE OF DEATH (Month) (Day) (Year) 8 22 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 25/1887		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY merchant		11. BIRTHPLACE (State or foreign country) Madison Monroe Mo	
13a. FATHER'S NAME Henry Clay Baker			13b. MOTHER'S MAIDEN NAME Allice Dunaway		14. NAME OF HUSBAND OR WIFE Margaret Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. N	17. INFORMANT'S SIGNATURE OR NAME Margaret Baker			
---	----------------------------------	---	--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		INTERVAL BETWEEN ONSET AND DEATH 1 hr 10 min 1/202
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug 22, 1950**, to **Aug 22, 1950**, that I last saw the deceased alive on **Aug 22, 1950**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.R. Quinn D.O.	23b. ADDRESS Madison, Mo.	23c. DATE SIGNED 8-24-50
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Madison Monroe Mo
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 9-8-50	REGISTRAR'S SIGNATURE Anne M. Burditt	25. FUNERAL DIRECTOR'S SIGNATURE Fred G. Thompson	ADDRESS Madison Mo
--	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

690

Date Received: SEP 18 1950
DISTRICT HEALTH OFFICE
District File Number 9-50-152
Date Filed: SEP 19 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 *Frank J. Thompson*

Licensed Embalmer No. *1420*

P. O. Address *Madison, 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.