

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31200**

187

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>3048</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>			c. LENGTH OF STAY (in this place) <b>32 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>			0		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>422 E. Thompson St.</b>				d. STREET ADDRESS (If rural, give location) <b>422 E. Thompson St.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SARAH</b>		b. (Middle) <b>ELLEN</b>		c. (Last) <b>BAKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 26 1950</b>	
5. SEX <b>F /</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Sept 29, 1870</b>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (If under 12 hrs.: Hours) (Min.) <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Nodaway County, Mo. 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jon Bliss</b>			13b. MOTHER'S MAIDEN NAME <b>Dalphine Frost</b>			14. NAME OF HUSBAND OR WIFE <b>William E. Baker, Dec.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Price Funeral Home, Maryville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute pulmonary edema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Pulmonary fibrosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema?</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>522X</b>	
19a. DATE OF OPERATION		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>8-1</b> , 19 <b>50</b> , to <b>8-26</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>8-25</b> , 19 <b>50</b> , and that death occurred at <b>2:45P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W.C. Bannan M.D.</b>				23b. ADDRESS <b>Maryville, Mo.</b>			23c. DATE SIGNED <b>8/29/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>Aug 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville Mo.</b>			
DATE REC'D BY LOCAL REG. <b>9-2-50</b>		REGISTRAR'S SIGNATURE <b>Bess Holt 229</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

7742



**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 Robert L. Sauter

Licensed Embalmer No. 4787

P. O. Address Maryville, 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.