

FILED OCT 30 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 35941

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 69 1060

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>TANEY</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b><br>b. COUNTY <b>TANEY</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRANSON</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural TANEYVILLE, MO</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Skaggs Memorial Hosp.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>rural TANEYVILLE</b>   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>JUANITA</b><br>(Type or Print)   |  | b. (Middle) <b>ALICE</b><br>c. (Last) <b>BAKER</b>  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Oct 7, 1950</b>  |  | 5. SEX <b>FEMALE</b>  |  |
| 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   |  |
| 8. DATE OF BIRTH<br><b>Sept. 24, 1910</b>   |  | 9. AGE (In years of months, days, hours, min.)<br>last birthday Months Days Hours Min. <b>40 0 13</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 <b>House Keeping</b>  |  |
| 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>James P. Reese</b>  |  | 13b. MOTHER'S M.A.D.E.N NAME <b>LIZA DILKES</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Ashel D. Baker</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. <b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Hotel H Baker</b> ADDRESS <b>Taneyville MO</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Strep throat.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>P51X</b> |  |
| 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 <b>Oct 1<sup>st</sup></b> , 1950, to <b>Oct 7<sup>th</sup></b> , 1950, that I last saw the deceased alive on <b>Oct 7<sup>th</sup></b> , 1950, and that death occurred at <b>10 A. m.</b> , from the causes and on the date stated above.  |  |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title)   |  | 23b. ADDRESS <b>421 N. W. 11<sup>th</sup></b>   |  |
| 23c. DATE SIGNED <b>10/10/1950</b>  |  | 24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>  |  |
| 24b. DATE <b>10/10/1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Helpe Cemetery Taneyville, MO</b>   |  |
| 24d. LOCATION (City, town, or county) (State) <b>MO</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Cobb</b> ADDRESS <b>Farington, MO</b>   |  |
| DATE REC'D BY LOCAL REG. <b>Oct 15-1950</b>   |  | REGISTRAR'S SIGNATURE <b>S. E. Cogswell</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECORDED OCT 23 1950

Di: File 1050-2145  
Date Filed 10-24-50

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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Farazek, 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.