

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35946

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) cabool	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) cabool 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) DAVID	b. (Middle) MORGAN	c. (Last) BAKER	(Month) Oct	(Day) 12	(Year) 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 27 1881		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George L. Baker	13b. MOTHER'S MAIDEN NAME Elizabeth Ann Moore	14. NAME OF HUSBAND OR WIFE Jessie Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Baker	
		ADDRESS Cabool Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	DUE TO (b) Arterio sclerosis		332X
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Arterio sclerotic dementia		
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 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 _____, 1946, to **Oct 12, 1950**, that I last saw the deceased alive on **Oct 12, 1950**, and that death occurred at **2:20 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold Baker	(Degree or title)	23b. ADDRESS Cabool Mo	23c. DATE SIGNED Oct 13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Cabool Mo.	24d. LOCATION (City, town, or county) (State) Cabool Texas Mo.

DATE REC'D BY LOCAL REG. 10-13-50	REGISTRAR'S SIGNATURE Faynell Cunningham	325	25. FEDERAL DIRECTOR'S SIGNATURE Rayford V. Elliott	ADDRESS Cabool Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED **OCT 23 1950**
Dist. File 10-50-2139
Date Filed 10-23-50

OCT 30 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.

Signed _____
Student Embalmer

Signed _____

Gaylord V. Elliott
Licensed Embalmer No. 2252

P. O. Address Carroll

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.