

FILED DEC 13 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37484

197

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 5589	Registrar's No. 197
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): a. STATE Mo b. COUNTY Jasper		
b. CITY OR TOWN La Russell		c. CITY OR TOWN Larcypie Mo		
c. LENGTH OF STAY (in this place) 6 mo		d. STREET ADDRESS (If rural, give location) 0490		
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home				
3. NAME OF DECEASED (Type or Print) Dora S. Baker		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH Dec 2 - 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Apr 18 - 1871	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lawrence Co., Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Wm Baker	
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 Lee Baker, La Russell Mo	
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) Arteriosclerotic Heart Disease  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 Absolution head right femur following pinning of hip		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN  LYM
19a. DATE OF OPERATION Oct 1948	19b. MAJOR FINDINGS OF OPERATION OLD FRACTURE HEAD-FEMUR - (old-operation) (Right)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) Reeds	(COUNTY) Jasper	(STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ? ? 1948 ?	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? FALL-home		
22. I hereby certify that I attended the deceased from SEPT 17, 1950, to Sept 20, 1950, that I last saw the deceased alive on SEPT 20, 1950; and, that death occurred at 4:50 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Paul H. Primer		(Degree or title) M.D.	23b. ADDRESS CARTHAGE, Missouri	23c. DATE SIGNED DEC 4-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 4 50	24c. NAME OF CEMETERY OR CREMATORY Stanley Cem	24d. LOCATION (City, town, or county) La Russell Mo	(State)
DATE REC'D BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE T B Blinton, MD	25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons	ADDRESS Larcypie Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

490  
1

RECEIVED 12-12-50

Jasper County Health Office

County File Number 50-12-902

Date Filed 12-12-50

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 2954

P. O. Address Sarcoxie 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.