.S. No. 300
EV. 10.48

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FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39501

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 53

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

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slater
c. LENGTH OF STAY (in this place) 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jarvis Convalescent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilliam
d. STREET ADDRESS (If rural, give location)

0770

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Elizabeth c. (Last) Baker

4. DATE OF DEATH (Month) (Day) (Year) Nov-14-1950

5. SEX Female
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH 1-20-1866
9. AGE (In years last birthday) 84-9-24 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY General House work
11. BIRTHPLACE (State or foreign country) Near Gilliam Saline Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thos C Shumate
13b. MOTHER'S MAIDEN NAME Elizabeth C Duncan
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Harry Johnson ADDRESS Gilliam 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) failure
DUE TO (c) Generalized arteriosclerosis and senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 months
Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1948, to Nov. 14, 1950, that I last saw the deceased alive on Nov. 2, 1950, and that death occurred at 1500 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. McBurney MD
23b. ADDRESS Slater, Mo.
23c. DATE SIGNED 11/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-16-50
24c. NAME OF CEMETERY OR CREMATORY Gilliam Cemetery
24d. LOCATION (City, town, or county) (State) Gilliam Mo

DATE REC'D BY LOCAL REG. 11/17/50
REGISTRAR'S SIGNATURE Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE Jones & Salzer ADDRESS Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 11-20-50

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed James E Jones

Licensed Embalmer No. 31,43

P. O. Address Slater 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.