

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH41319
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>396</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> 0530			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Competition Rural</u>			
c. LENGTH OF STAY (in this place) <u>3 weeks</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>							
3. NAME OF DECEASED		a. (First)		b. (Middle)		c. (Last)	
(Type or Print)		<u>James P.</u>		<u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1950</u>	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 Hrs. Min.	
<u>Male</u>	<u>White</u>	<u>Married</u>		<u>Sept. 19, 1870</u>		<u>80</u> <u>3</u> <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Retired farmer</u>		<u>Farm</u>		<u>Wright Co. Mo.</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Andrew Baker</u>		<u>Martha J. Blankenship</u>		<u>Cananda Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>no</u>		<u>none</u>		<u>Lee Baker Competition Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>7 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				?	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cardiovascular disease</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>746 X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>12-3</u> , 19 <u>50</u> , to <u>Dec. 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>50</u> , and that death occurred at <u>5:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>H. Carrington M.D.</u>				<u>Lebanon Mo.</u>		<u>12-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 27, 1950</u>		<u>Mt. Carmey Cemetery</u>		<u>Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		F. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12-28-1950</u>		<u>Hella L. May</u>		<u>W. E. Helmsman</u>		<u>Lebanon, Mo.</u>	

(Licensed Emballmer's Statement on Reverse Side)

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

Received DEC 30 1950
Laclede County Health Unit
File No. 12-50-194
Date Filed JAN 2 1951

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.