S. No. 300
V. 10.48

0013

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. 2

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Faughlin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Zettie
b. (Middle): Belle
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): Jan 7-51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 1-1895
9. AGE (In years at last birthday): 55 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: McGillon Erwin
13b. MOTHER'S MAIDEN NAME: Nancie Fletcher
14. NAME OF HUSBAND OR WIFE: Algie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME & ADDRESS: Algie Baker Memphis 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) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: No

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiectasis
DUE TO (c) Chronic Purulent Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Congestive Heart Failure — 5 1

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) a.m. p.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 Dec 31, 1950, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE: T. E. Rhoads (Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 1-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 10-51
24c. NAME OF CEMETERY OR CREMATORY: Memphis
24d. LOCATION (City, town, or county) (State): Memphis Mo

DATE REC'D BY LOCAL REG.: 1-15-51
REGISTRAR'S SIGNATURE: Vota Lambert
25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS: Robert Bassett Memphis

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 2 2 1951
DISTRICT HEALTH OFFICE #
District File Number 1-51-
Date Filed: FEB 5 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 Fred Guth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.