

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 520

BIRTH NO.		REG. DIST. NO. 5		PRIMARY REG. DIST. NO. 4408		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo.		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Crisp		c. (Last) Baker	
4. DATE OF DEATH		(Month) Jan.		(Day) 21,		(Year) 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Aug. 3, 1865	
9. AGE (In years last birthday) 85		# UNDER 1 Year 5		# UNDER 1 Year 18		# UNDER 1 Year 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Dallas, Texas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Baker		13b. MOTHER'S MAIDEN NAME Ruth Crisp		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Address Play Baker, Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH days months 4-20-1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12-31-1950, to 1-21-1951, that I last saw the deceased alive on 1-21-1951, and that death occurred at 9P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) Wm B Kichter M.D.		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 1-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/51		24c. NAME OF CEMETERY OR CREMATORY Stockton City		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
DATE REC'D BY LOCAL REG. 2-5-51		REGISTRAR'S SIGNATURE Geneva Garrison		FUNDAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, Mo.	

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 7 1951

Dist. File 251-329

Date Filed 2-7-51

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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.....

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall

Student Embalmer

Signed John A. Carlton

Licensed Embalmer No. 4387

P. O. Address Stoughton, 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.