

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1951

1 p m 51 0461

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

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SEVEN GABLES REST HOME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SISSON TWP.</u>	
3. NAME OF DECEASED a. (First) <u>EDWIN</u> b. (Middle) <u>J.</u> c. (Last) <u>BAKER</u>		d. STREET ADDRESS (If rural, give location) <u>POMONA, Mo. Rt. 1</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7, 1951</u>	5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>FEB. 28, 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN, RR NORTHERN PACIFIC</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED. DUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>DEKALB CO., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>RICHARD BIDDLE BAKER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH CATHERINE BIRT</u>	14. NAME OF HUSBAND OR WIFE <u>ALMA ENGLUND BAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDW. J. BAKER, POMONA, Mo. R-1</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
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 <u>Dec. 18, 1950</u> , to <u>Jan 7, 1951</u> , that I last saw the deceased alive on <u>Jan 5, 1951</u> , and that death occurred at <u>1: P m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Dr. Richard L. Smith</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>27 West Plains, Mo.</u>	23c. DATE SIGNED <u>1-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANTOCH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HOWELL CO. Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-15-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal. Thompson W. Plains, Mo.</u>	

JAN 19 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. 3

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plains, N.C.

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.