

FILED JAN 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3643

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 1284 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MONTGOMERY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MONTGOMERY	
c. LENGTH OF STAY (in this place) LIFETIME		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) HOBERT	b. (Middle) EUGENE	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) JAN. 22/51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 27/1920	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 3	IF UNDER 4 Hrs. Days 22	IF UNDER 15 Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) COMPETITION MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EMMETT BAKER	13b. MOTHER'S MAIDEN NAME MARETTA TRUMBO	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WAR	16. SOCIAL SECURITY NO. 487-24-0959	17. INFORMANT'S SIGNATURE OR NAME Julius Baker	ADDRESS Manassas, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from **1-17-1951**, to **1-22-1951**, that I last saw the deceased alive on **1-21-1951**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS Mtn. Grove Mo.	23c. DATE SIGNED 1-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 25/51	24c. NAME OF CEMETERY OR CREMATORY MT. CARNEX	24d. LOCATION (City, town, or county) (State) LYNCHBURG MO.
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE [Signature]	346	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Mtn. Grove Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 30 1954

JAN 30

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 RWT Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Hope, W.

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.