

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4368

State File No. \_\_\_\_\_

360

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3226 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>New Haven, Rural, St. John's</u>		c. CITY OR TOWN <u>New Haven, Rural, St. John's</u>	
c. LENGTH OF STAY (in this place) <u>9 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.B. #1</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#1.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19th, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19th, 1887</u>
9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Randolph</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Richard C. 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. X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Richard C. Baker</u>		ADDRESS <u>New Haven, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, C-V-Rdies</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>	
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>7 Feb., 1951</u> , to <u>19 Feb., 1951</u> , that I last saw the deceased alive on <u>6 Feb., 1951</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Raymond J. Bozso MD</u>		23b. ADDRESS <u>Washington, Mo.</u>	
23c. DATE SIGNED <u>19 Feb 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 22, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb. 20 1951</u>	
REGISTRAR'S SIGNATURE _____		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirkwood, Mo.</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 24 1951

RECEIVED

FEB 27 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Jerome G Swoboda*  
Licensed Embalmer No. 4507

P. O. Address *Washington*

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.