

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5776

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. B2

0940
2

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) Ink	
c. LENGTH OF STAY (In this place) 1 yr 8 mo 28 das		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) GEORGIA BAKER			4. DATE OF DEATH January 30, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced (?)	
8. DATE OF BIRTH January 12, 1899		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR Months 0 Days 18	
11. BIRTHPLACE (State or foreign country) Riverside, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Riverside, Missouri	

13a. FATHER'S NAME David Baker		13b. MOTHER'S MAIDEN NAME Mary Bell Price		14. NAME OF HUSBAND OR WIFE Fred Ipock	
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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 Records, State Hospital No. 4, Farmington, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4-5 days	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction and Peritonitis--		DUE TO (b) Adhesions--				Years	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Psychosis with Mental Deficiency--				Abt. 13yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 1-30-51		19b. MAJOR FINDINGS OF OPERATION Abdominal Exploratory revealed intestinal obstruction and peritonitis				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan. 26, 1951, to Jan. 30, 1951, that I last saw the deceased alive on Jan. 30, 1951, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Buelma M.D.		23b. ADDRESS Farmington, Mo. State Hospital No. 4		23c. DATE SIGNED 1-31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.		24d. LOCATION (City, town, or county) (State) St. James, Mo.	
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DATE REC'D BY LOCAL REG. Jan. 31, 1951		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Licklider Funeral Home, St. James, Mo.	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

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 Paul K. Royal

Licensed Embalmer No. 4120

P. O. Address Larmer, Va. Hwy.

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.