

S. No. 38
V. 10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 78973
Registrar's No. 64

BIRTH NO. 1207251 REG. DIST. NO. 477 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>	
c. LENGTH OF STAY (in this place) <u>24 hours</u>		d. STREET ADDRESS (If rural, give location) <u>RE D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>John</u> c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March-13-1951</u>
9. AGE (In years last birthday) <u>—</u>		10. MONTHS <u>—</u>	11. DAYS <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Clarence J Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Claudia M. Ferguson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence J Baker</u>		ADDRESS <u>Linn Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Hypertrophy of Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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>3-13-1951</u> , to <u>3-14-1951</u> , that I last saw the deceased alive on <u>3-13-1951</u> , and that death occurred at <u>8</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. McKeilly M.D.</u>		23b. ADDRESS <u>Jefferson city Mo</u>	
23c. DATE SIGNED <u>3-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Linn Public Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 15-51</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>		ADDRESS <u>Linn Mo</u>	

March 19-51

(Licensed Embalmer's Statement (on Reverse Side))

RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-20-51

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 *Jessie M. Norton*

Licensed Embalmer No. *4125*

P. O. Address *Lynn, 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.