No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9204

FILED MAR 20 1951

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON TWP
c. LENGTH OF STAY (in this place): 10 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LACLEDE - RURAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - JEFFERSON TWP
d. STREET ADDRESS (If rural, give location): LACLEDE, R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): J.
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 10, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: FEB. 29, 1868
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MOUNDSVILLE, W. VA.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EUGENE BAKER
13b. MOTHER'S MAIDEN NAME: REBECCA JEFFERSON
14. NAME OF HUSBAND OR WIFE: ESTELLA LOMAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HOWARD BAKER, LACLEDE, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sarcoma retroperitoneal — (?)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 1587

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* March 10, 1951, *that I last saw the deceased alive on* March 10, 1951, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Dixon M.D.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 3-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 13 1951
24c. NAME OF CEMETERY OR CREMATORY: LACLEDE
24d. LOCATION (City, town, or county) (State): LACLEDE, MO

DATE REC'D BY LOCAL REG.: Mar. 12, 1951
REGISTRAR'S SIGNATURE: Chris A. Martens M.D. 169
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAR 1 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-5
Date Filed: MAR 1 9 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 Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 378

P. O. Address Brookfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.