

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9661**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0683
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital			d. STREET ADDRESS (If rural, give location) 816 Franklin St		
3. NAME OF DECEASED (Type or Print) a. (First) Allie b. (Middle) Florence c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) March 31st 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 18th 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days 3 Hours 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME George Thompson		13b. MOTHER'S MAIDEN NAME Ellen Vaughn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs Josephine Wheeler		ADDRESS Moberly
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
			INTERVAL BETWEEN ONSET AND DEATH		
			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"/>	
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)		331X
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 3-27 , 19 51 , to 3-31-51 , 19 51 , that I last saw the deceased alive on 3-31-51 , 19 51 , and that death occurred at 1:05 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. T. Whitaker 2nd D.D.			23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 4-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 1st 1951	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo		
DATE REC'D BY LOCAL REG. 4/5/51	REGISTRAR'S SIGNATURE Jessie Knight		25. FUNERAL DIRECTOR'S SIGNATURE Mahmoud Sam		ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

Date Received: APR 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-57-77
Date Filed: APR 10 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.