

FILED JUL 2-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20582

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5895		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Arnold		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Arnold		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Arnold, Route 1				d. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) John		a. (First) R.		b. (Middle) Baker		c. (Last)	
4. DATE OF DEATH June 15, 1951		5. SEX male		6. COLOR OR RACE white		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 19, 1868		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Baker	
13a. FATHER'S NAME John Baker		13b. MOTHER'S MAIDEN NAME Sarah Herst		14. NAME OF HUSBAND OR WIFE Mary Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mary Baker, Arnold, Rt. 1		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility DUE TO (b) DUE TO (c) 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) Arnold Jefferson Mo 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 1944 , 19____, to 6/15 , 19 51 , that I last saw the deceased alive on 6/15 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above. 23a. SIGNATURE Ch Reich MD (Degree or title) 23b. ADDRESS Bemisswick Mo 23c. DATE SIGNED 6/16/51							
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/18/51		24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception		24d. LOCATION (City, town, or county) (State) Arnold Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Ruth Jirca		25. FUNERAL DIRECTOR'S ADDRESS Fendler Und Co. 7420 Michigan		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und Co.		25. FUNERAL DIRECTOR'S ADDRESS 7420 Michigan	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1952

DATE RECEIVED 6-25-51
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.

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.....

VE McCombs

Signed.....
Student Embalmer

Licensed Embalmer No. *3360*

P. O. Address *Harney 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.