

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21826

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 349 | | PRIMARY REG. DIST. NO. 6181 | | Registrar's No. 14 | | | |
| 1. PLACE OF DEATH a. COUNTY Sullivan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp. | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp. 1057 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. S.W. Green Castle | | | | d. STREET ADDRESS (If rural, give location) 4 mi. S. W. Green City | | | | | |
| 3. NAME OF DECEASED (Type or Print) Cecile | | a. (First) Marie | | b. (Middle) Baker | | c. (Last) | | | |
| 4. DATE OF DEATH | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | |
| 8. DATE OF BIRTH Sept. 5, 1905 | | 9. AGE (In years last birthday) 45 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Joseph Daniels | | 13b. MOTHER'S MAIDEN NAME Laura Broyles | | 14. NAME OF HUSBAND OR WIFE Herman 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Baker, Green City, Mo. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause for 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sarcoma Craniomax right breast Grade IV</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>E-metastases to liver</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X | | | | INTERVAL BETWEEN ONSET AND DEATH 20 mos. | |
| 19a. DATE OF OPERATION Oct-6-49 | | 19b. MAJOR FINDINGS OF OPERATION. <i>Sarcoma Craniomax right breast Grade IV</i> | | 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) | | | | | |
| 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 Oct 4, 1949, to June 13, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 9:20 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>L. M. Batello</i> | | (Deputy or Title) | | 23b. ADDRESS <i>202 Turkerville Mo</i> | | 23c. DATE SIGNED <i>June 16-51</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 13, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery | | 24d. LOCATION (City, town, or county) (State) Green Castle, Mo. | | | |
| DATE REC'D BY LOCAL REG. June 22, 1951 | | REGISTRAR'S SIGNATURE <i>Laura M. Batello</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Glenn E. Keston</i> | | ADDRESS <i>Green City, Mo.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 25 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1140
Date Filed: JUN 25 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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Brun City, 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.