S. No. 300
v. 10.48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22254

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton
c. LENGTH OF STAY (In this place): 50 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 So Kingston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton 1130
d. STREET ADDRESS (If rural, give location): 120 So Kingston

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) Abram c. (Last) Baker

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 29 1901

9. AGE (In years last birthday): 49 Months 10 Days 22 Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Filling Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Motor

11. BIRTHPLACE (State or foreign country): Davies Co. Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo. E. Baker

13b. MOTHER'S MAIDEN NAME: Minnie Kendig

14. NAME OF HUSBAND OR WIFE: Winifred Cox Baker

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.: 487-14-9055

17. INFORMANT'S SIGNATURE OR NAME: Winifred Cox Baker ADDRESS: Hamilton, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

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

DUE TO (b) Coronary Thrombosis — 8 wks.

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: 4201

20. AUTOPSY? YES ☐ 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* July 4, 1951, *to* July 20, 1951, *that I last saw the deceased alive on* July 20, 1951, *and that death occurred at* 9 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert R. Bock MD

23b. ADDRESS: Hamilton Mo

23c. DATE SIGNED: 7/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 27 1951

24c. NAME OF CEMETERY OR CREMATORY: Highland Cem

24d. LOCATION (City, town, or county) (State): Hamilton Mo

DATE REC'D BY LOCAL REG.: July 27-51

REGISTRAR'S SIGNATURE: Gladys Jones

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Brown Funeral Home Hamilton

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
31
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton, 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.