

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23686

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Beverly</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Beverly</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chancey</u> b. (Middle) <u>Ronald</u> c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-6-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-15-78</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Marion Baker</u>		13b. MOTHER'S MAIDEN NAME <u>May Ann McCallum</u>	14. NAME OF HUSBAND OR WIFE <u>May Jane Baker</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-09-6291</u>	17. INFORMANT'S SIGNATURE OR NAME <u>May J. Baker</u> ADDRESS <u>Beverly Mo</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Colitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inflammation of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disturbed Stomach</u>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 years 5 days 10 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5723	
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) <u>2</u> (STATE) _____		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 <u>July 5, 1951</u> , to <u>July 6, 1951</u> , that I last saw the deceased alive on <u>July 6, 1951</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. East M.D.</u>		23b. ADDRESS <u>New Paltz, New York</u>	
23c. DATE SIGNED <u>7-31-51</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/8/51</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u> ADDRESS <u>397 W. S. Edwards, Beverly Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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

0610
1

1957
1958

1959

RECEIVED 7.12.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.51.406.107
Date Filed 7.12.51

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Beverly Rd*

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.