

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26132**

FILED SEP 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> <u>0090</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural LIBERTY</u>		c. LENGTH OF STAY (In this place) <u>37 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u> <u>0090</u>		d. STREET ADDRESS (If rural, give location) <u>Galma Mo. Star Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR ZALMA</u>							
3. NAME OF DECEASED (Type or Print) <u>SAMUEL</u>		a. (First) _____ b. (Middle) <u>P</u> c. (Last) <u>BAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1951</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 29, 1873</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Cathy Baker</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Baker</u>		ADDRESS <u>Zalma 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>Coronary occlusion</u> ANTECEDENT CAUSES <u>advanced age</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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>Aug 1st</u> , 19 <u>51</u> , to <u>Aug 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Savant</u>		(Degree or title)		23b. ADDRESS <u>Delta Mo</u>		23c. DATE SIGNED <u>Aug 30 51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shell County</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 6 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Dineburg</u>		FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>LUTESVILLE Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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**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.

Signed

*J. E. Graham*

Signed.....

Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutsvill, 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.