

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3127

173N

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	<u>0490</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles N. of Carl Junction, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>E</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1951</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>Feb. 2, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rockton, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME <u>Frank Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Belle 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Rt. #1 Mrs. Belle Baker, Carl Junction, Mo.</u>		ADDRESS	
--	--	-------------------------	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>						<u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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)	
--	--	--	--	---	--

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 NOV. 3, 1951, to NOV. 4, 1951, that I last saw the deceased alive on NOV. 4, 1951, and that death occurred at 4:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. ...</u> (Degree or title)		23b. ADDRESS <u>Webb City, Missouri</u>		23c. DATE SIGNED <u>11/9/51</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 8, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>		
---	-----------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. <u>Nov 10 - 51</u>		REGISTRAR'S SIGNATURE <u>J. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u>	
---	--	--	--	--	--

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

192

RECEIVED 11-14-51
Jasper County Health Office

County File Number 51/11/851

Date Filed 11-14-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry E. Amick

Licensed Embalmer No. 446 B

P. O. Address Windsor, 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.