

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 36101  
Registrar's No. 147

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6121</u>		Registrar's No. <u>147</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree Mo</u>			
c. LENGTH OF STAY (In this place) <u>5 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>Burnside Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. FULL NAME OF DECEASED (Type or Print) <u>David Lyle Baker</u>			
3. NAME OF DECEASED a. (First) <u>David</u>		b. (Middle) <u>Lyle</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 51</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-26-1894</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Brookfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. 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>Brookfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Franklin Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Della Baker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Della Baker</u>		18. ADDRESS <u>3816 Sheridan Rd Chicago, 40 Ill</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>  ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>	
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 <u>4222</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.) <u>Home (farm)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BIRCHTREE SHANNON MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CHOPPING TREES</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Joseph L. Fernandez County Coroner</u>				23b. ADDRESS <u>3 E. Main</u>		23c. DATE SIGNED <u>10-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn View, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-2-51</u>		REGISTRAR'S SIGNATURE <u>Mobile</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1951

RECEIVED

NOV 6 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

NOV 7 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 .....

working under my personal supervision.

Student .....

Student Embalmer

Student Embalmer No. ....

Signed

Licensed Embalmer No. 4325

P. O. Address

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.