U.S. No. 300
Rev. 10-48

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

FILED JAN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44267

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 205 Dixie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo 1003
d. STREET ADDRESS (If rural, give location): 206 Dixie St

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

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1951

5. SEX: M
6. COLOR OR RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 18/86
9. AGE (In years last birthday): 65 — If under 1 year: Months 7, Days 26 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Shine Boy
10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop
11. BIRTHPLACE (State or foreign country): Miss
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arron Baker
13b. MOTHER'S MAIDEN NAME: Lucy Carter
14. NAME OF HUSBAND OR WIFE: Mary Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War One
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Mary Baker — **ADDRESS**: Sikeston, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

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: 493 X
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* 11-13, 1951, *to* 12-13, 1951, *that I last saw the deceased alive on* 11-13, 1951, *and that death occurred at* 6 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: E J Nilmedt MD (Degree or title)
23b. ADDRESS: Sikeston
23c. DATE SIGNED: 12-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/17/51
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Cemetery
24d. LOCATION (City, town, or county) (State): Sikeston, Mo

DATE REC'D BY LOCAL REG.: 1-7-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Henry Jones — **ADDRESS**: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1952

RECEIVED JAN 14 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-8

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 John Allenton

Licensed Embalmer No. 2941

P. O. Address Davenport Ia

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.