

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **143**

**FILED JAN 24 1952**

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>4012</b>		Registrar's No. <b>5</b>	
1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILL.</b> b. COUNTY <b>McCOPIN</b>			
b. CITY OR TOWN <b>WUTESVILLE</b>		c. LENGTH OF STAY (in this place) <b>4 Mos.</b>		c. CITY OR TOWN <b>CARLINVILLE</b>		<b>87901</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>				d. STREET ADDRESS (If rural, give location) <b>404 ELLISON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MELVIN</b>		b. (Middle) <b>ARCHIE</b>		c. (Last) <b>BAKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-18-1952</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>4-25-1899</b>		9. AGE (In years last birthday) <b>52</b> If under 1 year: Months <b>2</b> Days <b>23</b> Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LINEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ELECTRIC</b>		11. BIRTHPLACE (State or foreign country) <b>BOLLINGER CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RICHARD T. BAKER</b>		13b. MOTHER'S MAIDEN NAME <b>DRUCILLA T. CRITES</b>		14. NAME OF HUSBAND OR WIFE <b>BEULAH BAKER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WORLD WAR I AND II</b>		16. SOCIAL SECURITY NO. <b>367-05-24680</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BEULAH BAKER</b> ADDRESS <b>CARLINVILLE, ILL. 404 ELLISON ST.</b>			
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) <b>Bronchogenic carcinoma</b> 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.				INTERVAL BETWEEN ONSET AND 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) m.		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 <b>Oct. 1</b> , 19 <b>51</b> , to <b>Jan. 18</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan. 18</b> , 19 <b>52</b> , and that death occurred at <b>7:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Evellette L. Price</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Lutesville, Mo.</b>		23c. DATE SIGNED <b>1/21/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LUTESVILLE MO.</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 21-52</b>		REGISTRAR'S SIGNATURE <b>Willie Ann Amburge</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b>		ADDRESS <b>LUTESVILLE, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 28 1952  
FEB 16 1952

APR 28 1952

APR 28 1952

APR 2 1956

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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 Lutesville, 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.