

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1989

State File No.

FILED JAN 26 1952

BIRTH NO.		REG. DIST. NO. <u>198</u>		PRIMARY REG. DIST. NO. <u>4310</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>MACON COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEVIER</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEVIER, Missouri</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ANNE</u>		c. (Last) <u>BAKER</u>	
4. DATE OF DEATH		(Month) <u>JANUARY</u>		(Day) <u>9</u>		(Year) <u>1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MARCH-28-1882</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>9</u>		11. DAYS <u>11</u>		12. IF UNDER 1 YR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>Goldsbury, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Madison</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Andrew</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Thaine Carrollton</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SERIOUS Heart condition</u>				Several yrs.	
		DUE TO (c) <u>Date of death calculated</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>by investigation to Be Jan 9, 1952</u>					
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? <u>4201</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 on <u>Jan 9, 1952</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles S. Hutton</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>MACON</u>		23c. DATE SIGNED <u>Jan. 19, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Broadfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Broadfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-52</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>		ADDRESS <u>Bevier Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 1.23.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.52.19
Date Filed 1.24.52

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 Embalmer No.

Partially Embalmed

Signed

James D. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. 4478

P. O. Address

Bevier, Missouri

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.