

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3660

|                                                                                                                                                                                                                                 |  |                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| BIRTH NO.                                                                                                                                                                                                                       |  | REG. DIST. NO. 337                                                                                |  | PRIMARY REG. DIST. NO. 6139                                                                                                                                                                                                                                                                                                                                                                                                |  | Registrar's No. 2                                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY Shelby                                                                                                                                                                                           |  |                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Shelby                                                                                                                                                                                                                                                                                               |  |                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Black Creek Twp                                                                                                                              |  |                                                                                                   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Black Creek Twp.                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Miles Northeast of Shelby, Missouri                                                                                                                                                  |  |                                                                                                   |  | d. STREET ADDRESS (If rural, give location) 1028                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Charles b. (Middle) Dempsey c. (Last) Baker                                                                                                                                   |  |                                                                                                   |  | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1952                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                      |  |
| 5. SEX Male                                                                                                                                                                                                                     |  | 6. COLOR OR RACE White                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married                                                                                                                                                                                                                                                                                                                                                             |  | 8. DATE OF BIRTH July 21, 1876                                       |  |
| 9. AGE (In years last birthday) 75                                                                                                                                                                                              |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer |  | 11. BIRTHPLACE (State or foreign country) Shelby County, Mo.                                                                                                                                                                                                                                                                                                                                                               |  | 12. CITIZEN OF WHAT COUNTRY U.S.A.                                   |  |
| 13a. FATHER'S NAME Marshall Baker                                                                                                                                                                                               |  |                                                                                                   |  | 13b. MOTHER'S MAIDEN NAME Elizabeth Dempsey                                                                                                                                                                                                                                                                                                                                                                                |  | 14. NAME OF HUSBAND OR WIFE Louesa Evans Baker                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No                                                                                                                                                            |  |                                                                                                   |  | 16. SOCIAL SECURITY NO. None                                                                                                                                                                                                                                                                                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Baker, RFD, Eads, Mo. |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis with hypertension<br>DUE TO (c)<br>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 331X                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                      |  |
| 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) (Minute)                                                                                                                                                                        |  |                                                                                                   |  | 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 Dec 27, 1951, to Jan 9, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.     |  |                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |
| 23a. SIGNATURE P. L. Archer M.D. (Degree or title)                                                                                                                                                                              |  |                                                                                                   |  | 23b. ADDRESS Shelbyville Mo                                                                                                                                                                                                                                                                                                                                                                                                |  | 23c. DATE SIGNED 1-12-52                                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                                |  | 24b. DATE 1-12-52                                                                                 |  | 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery                                                                                                                                                                                                                                                                                                                                                                       |  | 24d. LOCATION (City, town, or county) (State) Shelby, Missouri       |  |
| DATE REC'D BY LOCAL REG. 1-16-52                                                                                                                                                                                                |  | REGISTRAR'S SIGNATURE Ada Garrison                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes Address Shelby, Missouri                                                                                                                                                                                                                                                                                                                                                         |  |                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 11 1953

JUN 19 1953

FEB 18 1953

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. ....

Signed Paul E. Hayes

Signed .....  
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Stillman, 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.