

33806-52

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23358

State File No. ....

FILED JUN 22 10am

REG. DIST. NO. 347

PRIMARY REG. DIST. NO. 4508

Registrar's No. 2630

1. PLACE OF DEATH a. COUNTY <u>Stone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halena Washington</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halena Mo 10410</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pickens</u> b. (Middle) <u>James</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>May 18-52</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Halena Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Lymon Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Smith Hartman</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Lymon Baker</u>		ADDRESS <u>Halena Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Constriction of Breathing Tubes</u> DUE TO (c) <u>No medical attention</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blue Baby.</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>7544</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Halena Stone Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>at death</u> , 1952, to <u>June 10, 1952</u> , that I last saw the deceased alive on <u>June 10, 1952</u> , and that death occurred at <u>3:30pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Everett G. Cheatham 3</u>			23b. ADDRESS <u>Halena Mo.</u>		
23c. DATE SIGNED <u>June 10-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Halena</u>	
24d. LOCATION (City, town, or county) (State) <u>Halena Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>June 12-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Edwin Prosser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett G. Cheatham</u>	
ADDRESS <u>Halena Mo.</u>		ADDRESS			

per Lina Murray.

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*E. J. Cheatham*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3470*

P. O. Address *Galena Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.