No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28772

FILED SEP 4 - 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 32

640

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARREN TOWNSHIP
c. LENGTH OF STAY (in this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MONROE CITY RR#4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARREN TOWNSHIP 640
d. STREET ADDRESS (If rural, give location) MONROE CITY RR#4

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) SAMUEL c. (Last) BAKER

4. DATE OF DEATH (Month) AUGUST (Day) 4 (Year) 1952

5. SEX MALE 2
6. COLOR OR RACE COLORD
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH APRIL 20TH 1874
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (State or foreign country) MARION COUNTY MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin BAKER
13b. MOTHER'S MAIDEN NAME Georgia Ann GROSS.
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Paul Baker ADDRESS Monroe City Mo. RFD 4

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) CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH 5 YRS

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. HYPERTROPHY of PROSTATE — 2 YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* DEC 6, 1951, *to* JULY 6, 1952, *that I last saw the deceased alive on* JULY 31, 1952, *and that death occurred at* 12 35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE John F Ribbe (Degree or title) M.D.
23b. ADDRESS Monroe City Mo
23c. DATE SIGNED 8/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-7-1952
24c. NAME OF CEMETERY OR CREMATORY St JUDES Cemetery
24d. LOCATION (City, town, or county) (State) MONROE CITY Missouri

DATE REC'D BY LOCAL REG. 8/8/52
REGISTRAR'S SIGNATURE M. Lucke By Viola Geer Deputy
25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON ADDRESS MONROE CITY, Mo.

189 - 0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 3 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 3 1952

SEP

OCT 5 1964

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 me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie L. Wilson
Licensed Embalmer No. 3014
P. O. Address Monroe City 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.