

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29079

State File No.

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. 295		PRIMARY REG. DIST. NO. 4143		Registrar's No. 53			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles M 0710		d. STREET ADDRESS (If rural, give location) 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bradley Nursing Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) Peter c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) August 18 1952						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 16, 1863			
9. AGE (In years last birthday) 89		# UNDER 1 YEAR 7		# UNDER 1 MONTH 2		# UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTURANT OPERATOR			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Friesland Netherlands		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE Lucy E. Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Carter ADDRESS Salisbury, Mo.					
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, asthemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Chronic Prostatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 week 3 weeks 3 years	
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)		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 Aug 1950 , to Aug 18, 1952 , that I last saw the deceased alive on Aug 14, 1952 , and that death occurred at 12:55 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ruth Kaufman, M.D.				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED Aug 19			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 20, 1952		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) (State) Versailles Mo.			
DATE REC'D BY LOCAL REG. 8-22-1952		REGISTRAR'S SIGNATURE W.D.A. Baruhart		FUNERAL DIRECTOR'S SIGNATURE James R. Scriener		ADDRESS Versailles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student
Student Embalmer

Signed James R. Scrimner

Licensed Embalmer No. 4880

P. O. Address Verailles, 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.