

FEB OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32401

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4378		Registrar's No. 222		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. LENGTH OF STAY (In this place township) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan		1130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Walker Rest Home				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) Margret			a. (First)		b. (Middle) Ellen		c. (Last) Baker	
4. DATE OF DEATH		(Month) September		(Day) 19,		(Year) 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 17, 1886		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William Batson			13b. MOTHER'S MAIDEN NAME Catharine Powers			14. NAME OF HUSBAND OR WIFE Earl 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. Catharine Herndon - Grant City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senescence						
11. 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						
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Sept 14, 1952, to Sept 19, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. A. Gortner, M.D.				23b. ADDRESS Mansfield, Mo.		23c. DATE SIGNED 9-22-1952		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-1952		24c. NAME OF CEMETERY OR CREMATORY Mount Vernon		24d. LOCATION (City, town, or county) (State) Worth County, Missouri		
DATE REC'D BY LOCAL REG. 10-1-52		REGISTRAR'S SIGNATURE Kress Holt		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dwyer		ADDRESS Grant City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

740
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DEC 29 1954

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 _____

Bill Duffell
working under my personal supervision.

Student Embalmer No. 445

Signed Bill Duffell
Student Embalmer

Signed Arch C. Duffell

Licensed Embalmer No. 3252

P. O. Address Grant 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.