

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35813

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Barnard</u>	c. LENGTH OF STAY (In this place) <u>46 yrs</u>	c. CITY OR TOWN <u>Barnard</u> <u>0749</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>Cordelia</u>	b. (Middle)	c. (Last) <u>Baker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-6-1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. (Even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home-town</u>	11. BIRTHPLACE (State or foreign country) <u>Graham-Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nicholas Hill</u>	13b. MOTHER'S MARDEN NAME <u>Sarah A. Bohannon</u>	14. NAME OF HUSBAND OR WIFE <u>George E. Baker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George E. Baker</u>	ADDRESS <u>Barnard-Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>less than 6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of ovary</u>		
	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.		<u>175X</u>	

19a. DATE OF OPERATION <u>Feb. 26 (1948)</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of ovary, lined extension to lymph channels</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 13, 1943, to Oct. 13, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. D. Henderson</u>	Degree or Title	23b. ADDRESS <u>Barnard, Mo.</u>	23c. DATE SIGNED <u>10-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cem-</u>	24d. LOCATION (City, town, or county) (State) <u>Graham-Mo-</u>
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DATE RECD BY LOCAL REG. <u>Oct 15</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eliza Crumshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Stehman</u>	ADDRESS <u>Maryville, Mo.</u>
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FILED OCT 29 1952

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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

G. M. Johnson

Licensed Embalmer No. *2279*

P. O. Address *Marysville, Wn*

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.