

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36012**

FILED NOV 5 1952

REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **4457** Registrar's No. **250**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cairo</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cairo</b>  |  |
| c. LENGTH OF STAY (In this place) <b>9 years</b>  |  | d. STREET ADDRESS (If rural, give location) <b>None</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | 3. NAME OF DECEASED<br>a. (First) <b>WILLIAM</b> b. (Middle) <b>M.</b> c. (Last) <b>BAKER</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. - 24 - 1952</b>   |  | 5. SEX <b>Male</b>   |  |
| 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  |
| 8. DATE OF BIRTH <b>July - 23 - 1875</b>  |  | 9. AGE (In years last birthday) <b>77</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| <b>Farmer (Retired)</b>   |  | <b>Cairo Missouri</b>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)  |  | 12. CITIZEN OF WHAT COUNTRY  |  |
| <b>Cairo Missouri</b>   |  | <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>William Baker</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Hannah</b>  |  |
| 14. NAME OF MARRIED OR WIFE <b>Pearl Baker</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>   |  |
| 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Baker</b> ADDRESS <b>Cairo MO</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b><br>ANTECEDENT CAUSES <b>arteriosclerosis</b><br>DUE TO (b) <b>arteriosclerosis</b><br>DUE TO (c) <b>arteriosclerosis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>332X</b>   |  |
| 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) (Minute)  |  | 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 <b>Oct 19, 1952</b> to <b>Oct 24, 1952</b> , that I last saw the deceased alive on <b>Oct 19, 1952</b> , and that death occurred at <b>6:00A m.</b> , from the causes and on the date stated above.   |  |
| 23a. SIGNATURE <b>Clarence Clohis</b> (Degree or title) <b>ML</b>   |  | 23b. ADDRESS <b>Wobesly MO</b>   |  |
| 23c. DATE SIGNED <b>Oct 24 52</b>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  |
| 24b. DATE <b>Oct - 26 - 1952</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>   |  |
| 24d. LOCATION (City, town, or county) (State) <b>Cairo MO</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Funeral Home Wobesly Mo.</b> ADDRESS <b>Wobesly Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>10/26/52</b>  |  | REGISTRAR'S SIGNATURE <b>Sealidwe...</b>   |  |

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 \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Waverly 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.