

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

44189

FILED DEC 29 1952

BIRTH NO.

REG. DIST. NO. 324

PRIMARY REG. DIST. NO. 3072

Registrar's No.

## I. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Marshall, Mo.

c. LENGTH OF STAY (In this place)

5 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Putnam Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Saline

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Marshall

d. STREET ADDRESS (If rural, give location)

468 So. Grant

0972

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## 3. NAME OF DECEASED (Type or Print)

a. (First)

Mamie

b. (Middle)

Elizabeth

c. (Last)

Baker

## 4. DATE OF DEATH (Month) (Day) (Year)

December 19-1952

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

July 9-1900

## 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day IF UNDER 12 Hrs. Hours Min.

52

5

10

## 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)

Arkansas-No more Known

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

David Howery

## 13b. MOTHER'S MAIDEN NAME

Melissa Davidson

## 14. NAME OF HUSBAND OR WIFE

John W. 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.

492-28-7047

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

John W. Baker-Marshall, Missouri

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Cerebral hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

5 da

## 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.

None

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 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 15 - 1952 to Dec 19, 1952, that I last saw the deceased alive on Dec 19, 1952, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

A. C. Putnam M.D.

## 23b. ADDRESS

Marshall Mo

## 23c. DATE SIGNED

12-20-52

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

12/23/52

## 24c. NAME OF CEMETERY OR CREMATORY

Sunset M. Garden

## 24d. LOCATION (City, town, or county) (State)

Marshall Mo

## DATE REC'D BY LOCAL REG.

Dec. 22-1952

## REGISTRAR'S SIGNATURE

Sidney F. Gray

## 25. FUNERAL DIRECTOR'S SIGNATURE

J. Lealie Swearing

## ADDRESS

Marshall, Mo.

**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: *J. Leslie Sumner*

Licensed Embalmer No. *1234*

P. O. Address: *W. Marshall, Jr.*

**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.