

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44360
REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Baker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1952</u>		
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>Dec. 28 1883</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u> DAYS <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wld</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richwood Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Benjamin Hadax</u>		13b. MOTHER'S MAIDEN NAME <u>E. Elizabeth Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Baker</u>	
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>Mary Ann Negonia Hadax mo.</u>	
				ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		DUPLICATE					
ANTECEDENT CAUSES		DUE TO (b) <u>Arterio Sclerosis</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<u>Valvular heart lesion</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 2, 1952 to 12-3, 1952 that I last saw the deceased alive on 12-3, 1952 and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>12-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maconic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12/6/52</u>		REGISTRAR'S SIGNATURE <u>Hubert K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert K. ...</u>		ADDRESS <u>... Potosi Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Murphy L. Spence

Licensed Embalmer No. 4256

P. O. Address Flat River, 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.