

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 246

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 77

0117
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 Church St. Rathburn Nursing Home		d. STREET ADDRESS (If rural, give location) 3218 1/2 Renick Street	

3. NAME OF DECEASED (Type or Print) Lottie	a. (First)	b. (Middle)	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year) OF January 19, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1875	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months	# UNDER 12 HRS. Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Robert Smith	13b. MOTHER'S MAIDEN NAME (Correct) Lloyd Jater	14. NAME OF HUSBAND OR WIFE Zebadiah Baker
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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. Marie Baker	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		293X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Jan 18, 1953, to Jan 19, 1953, that I last saw the deceased alive on Jan 18, 1953, and that death occurred at 1:20P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS 423 Main	23c. DATE SIGNED 1/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 22, 1953	24c. NAME OF CEMETERY OR CREMATORY Hallack Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
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DATE REC'D BY LOCAL REG. Jan 22, 1953	REGISTRAR'S SIGNATURE [Signature]	446	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address] St. Joseph, Mo.
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MAR 6 1998

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 _____ **

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Student Embalmer No. _____

working under my personal supervision.

*** ****

Student

Student Embalmer

Signed Alfred C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.