

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2592**

16

BIRTH NO.		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>5984</b>		Registrar's No. <b>16</b>	
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Liberty Rural</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Montreal</b> <b>0150</b>			
c. LENGTH OF STAY (In this place) <b>2 mo</b>				d. STREET ADDRESS (If rural, give location) <b>Route II</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lewery</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Rhoda</b>		b. (Middle) <b>R B</b>		c. (Last) <b>Baker</b>	
4. DATE OF DEATH		(Month) <b>Jan</b>		(Day) <b>13</b>		(Year) <b>1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug 11 1859</b>	
9. AGE (In years, months, days) <b>93</b>		10. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>born home</b>		11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Millstead</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Sweat</b>		14. NAME OF HUSBAND OR WIFE <b>Jim Baker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>		16. SOCIAL SECURITY NO. <b>X X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cora Singer</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>hypostatic pneumonia</b>  (b) <b>old age</b>  (c) <b>522X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>Dec 20, 1952</b> , to <b>Jan 12, 1953</b> , that I last saw the deceased alive on <b>Jan 12, 1953</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Reino L. Myer</b>				23b. ADDRESS <b>P.O. Richmond Mo.</b>		23c. DATE SIGNED <b>Jan 13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montreal</b>		24d. LOCATION (City, town, or county) (State) <b>Montreal, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-24-53</b>		REGISTRAR'S SIGNATURE <b>Paul G. Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Banksen - Woolery</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-24-53  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 1-24-53

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

*Thos Jackson Woolery*

Licensed Embalmer No. 2488

P. O. Address

*Camden, 7N*

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.