No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13707

BIRTH NO. FILED APR 30 1953 REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon 0280.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Scotland
c. (Last): Baker

4. DATE OF DEATH (Month) (Day) (Year): 4 - 19 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: April 29-1880
9. AGE (In years last birthday): 72
If under 1 year: Months 11 Days 20
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair Work-Frisco R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Hinch - Missouri -
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Noah Baker
13b. MOTHER'S MAIDEN NAME: Louisa Munda
14. NAME OF [redacted] WIFE: Hattie Enloe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 702-03-9324
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hattie Baker
ADDRESS: Bourbon Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ARTERIAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 18 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED — YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
PERNICIOUS ANEMIA
HEPATIC CIRRHOSIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☐ NO ☑

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* AUGUST, 19 52, *to* APRIL 19, 19 53, *that I last saw the deceased alive on* APRIL 19, 19 53, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard T. Walden
(Degree or title): M.D.
23b. ADDRESS: Bourbon, Missouri
23c. DATE SIGNED: April 20-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Hill Cemetery
24d. LOCATION (City, town, or county) (State): Bourbon Mo

DATE REC'D BY LOCAL REG.: Apr. 21, 1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Penner C. Haener
ADDRESS: Cuba MO

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1953

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 Norman C. Haener

Licensed Embalmer No. 4673

P. O. Address Cuba 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.