V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16773

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 45

1020
1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbina 1020
d. STREET ADDRESS (If rural, give location): 107 W. Birch St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): April 17 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec-20-1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 3, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): ✓ Jackson Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm Baker
13b. MOTHER'S MAIDEN NAME: ✓ No Record
14. NAME OF HUSBAND OR WIFE: Rhoda 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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Rhoda Baker — ADDRESS: Shelbina, 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): Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intestinal Malignancy — Insidious
DUE TO (c): Arteriosclerosis

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 153X
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* 9/1, 1952, *to* 4/17, 1953, *that I last saw the deceased alive on* 4/17, 1953, *and that death occurred at* _____ *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. J. Hoerchler MD
23b. ADDRESS: Shelbina, Mo
23c. DATE SIGNED: 4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 19-1953
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery
24d. LOCATION (City, town, or county) (State): Shelby County Mo

DATE REC'D BY LOCAL REG.: 4-25-53
REGISTRAR'S SIGNATURE: Ada Garrison 4/19
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: E. P. Thompson Shelbyville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, working under my personal supervision.

Student Embalmer No.....

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo

Signed.....
Student Embalmer

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.