

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20708

FILED JUL 13 1953

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 748
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) St. Joseph		c. LENGTH OF STAY (in this place) 44 years		
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 N. 4th St.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117		
		d. STREET ADDRESS (If rural, give location) 413 N. 4th St. 0		
3. NAME OF DECEASED (Type or Print) Sarah		a. (First)	b. (Middle) Ann	c. (Last) Baker
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF DEATH July 4, 1953		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days
11. BIRTHPLACE (City and State or Foreign Country) St. Claire County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Mortimer Hamilton		13b. MOTHER'S MAIDEN NAME Mary Jane Gaultney		14. NAME OF HUSBAND OR WIFE Ernest W.
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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Ernest Baker, 413 N. 4th, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Generalized  ANTECEDENT CAUSES Primary Liver DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 9 mo  1 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  155X		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)		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 25 Oct 1952, to 4 July, 1953, that I last saw the deceased alive on 4 July, 1953, and that death occurred at 8:15 p. m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Ernest W. Baker</i>		23b. ADDRESS 270 Francis St. St. Joseph, Mo.		23c. DATE SIGNED 6 July 53
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 7/7/1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. July 8, 1953		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Heaton-Bauman Funeral Home</i> ADDRESS St. Joseph, Mo.

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

SEP 24 1962

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.....

*Caryne Wood*

Licensed Embalmer No. 3804

P. O. Address 319 S. 10th St. Des Moines

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.