

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34784**

FILED SEP 30 1953

BIRTH NO. _____		REG. DIST. NO. <b>347</b>		PRIMARY REG. DIST. NO. <b>4508</b>		Registrar's No. <b>60</b>	
1. PLACE OF DEATH a. COUNTY <b>Stone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>			
b. CITY OR TOWN <b>Galena</b>		c. LENGTH OF STAY (In this place) <b>1040</b>		c. CITY OR TOWN <b>Galena</b>		<b>mo 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <b>B (Boots)</b>		a. (First) <b>B</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Baker</b>	
4. DATE OF DEATH <b>Sept 12 1953</b>		5. SEX <b>m</b>		6. COLOR OR RACE <b>wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 9-1881</b>		9. AGE (In years last birthday) <b>72-5-3</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Galena Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Henry Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Margret</b>	
14. NAME OF HUSBAND OR WIFE <b>Netho Baker (Dead)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes, world war II</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>L. C. Baker</b> ADDRESS _____	
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) <b>Strychnine Poison</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Swallowing the Poison</b> DUE TO (c) _____ 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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>E9711</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide in home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Galena Stone Mo</b>		21d. HOW DID INJURY OCCUR? <b>He took a Dose of the Strychnine</b>	
21e. TIME OF INJURY <b>Sept 12-1953</b>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>at Death</b> 1953, to <b>Sept 12, 1953</b> , that I last saw the deceased <b>on Sept 12, 1953</b> , and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. C. Baker</b>		(Degree or title) _____		23b. ADDRESS <b>Galena Mo</b>		23c. DATE SIGNED <b>Sept 12-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galena</b>		24d. LOCATION (City, town, or county) (State) <b>Galena - Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 12-53</b>		REGISTRAR'S SIGNATURE <b>Mr. J. Elmer Brosnan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Everett L. Cheatham</b> ADDRESS <b>Galena Mo</b>			

*Per Lena Murray*

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Everett J. Cheatham*

Signed.....

Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Galena Mo.*

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.