

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38569

State File No.

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>3015</u>	Registrar's No. <u>97</u>
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>SHOAL TWP.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. D No. 5</u> <u>0250</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>Baker</u>		c. (Last) <u>Baker</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1953</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 21, 1890</u>
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
11. BIRTHPLACE (State or foreign country) <u>Clinton Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Lee Baker</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA BAKER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN BAKER</u> ADDRESS <u>CAMERON, MO</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis and Terminal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u>		<u>4 da.</u>
		DUE TO (c) <u>Arteriosclerosis</u>		<u>8 yr</u>
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"/>
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 <u>May 11, 1953</u> , to <u>Nov 14, 1953</u> , that I last saw the deceased alive on <u>Nov 13, 1953</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. G. Crunk</u>		23b. ADDRESS <u>207 Cameron Mo</u>		23c. DATE SIGNED <u>11/15/53</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LABONON CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>CLINTON CO. MO.</u>		DATE REC'D BY LOCAL REG. <u>11-19-53</u> REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u> ADDRESS <u>CAMERON MO</u>		

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James Clark

Licensed Embalmer No. 2533

P. O. Address Barnes, 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.