No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9275

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 71

350

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt Vernon
c. LENGTH OF STAY (In this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 417 East Pleasant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt Vernon 0550 0
d. STREET ADDRESS (If rural, give location): 417 East Pleasant

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

4. DATE OF DEATH (Month) (Day) (Year): March 24 1954

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April-8-1876
9. AGE (In years last birthday): 77 — If under 1 year: Months 11, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Berryville Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin A Fred Baker
13b. MOTHER'S MAIDEN NAME: Adeline Moody
14. NAME OF HUSBAND OR WIFE: Gertrude Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gertrude Baker
ADDRESS: Mt Vernon 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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebro Vascular accident — 2 yrs
DUE TO (c): Arteriosclerosis — —

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
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* June, 1950, *to* March, 1954, *that I last saw the deceased alive on* 3/23, 1954 *and that death occurred at* 2:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Mt Vernon, Mo
23c. DATE SIGNED: 3/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar-26-1954
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cemetery
24d. LOCATION (City, town, or county) (State): Sarcoxie, Mo

DATE REC'D BY LOCAL REG.: 3-29-54
REGISTRAR'S SIGNATURE: Cecil Hendricks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Max L. Fossett
ADDRESS: Mt Vernon, Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Mot L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.