

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9631**

FILED APR 9 1954

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give town) LOUISIANA		c. LENGTH OF STAY (in days) 6 days	c. CITY OR TOWN PLEASANT-HILL
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSP.		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) BAKER c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) April 2, 54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-15-69
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	11. BIRTHPLACE (City and State or Foreign Country) BARRY - ILL
10b. KIND OF BUSINESS OR INDUSTRY CLOTHING		12. CITIZEN OF WHAT COUNTRY? US 17	
13a. FATHER'S NAME William Baker		13b. MOTHER'S MAIDEN NAME Louise Conklin	
14. NAME OF HUSBAND OR WIFE Gertrude Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Gertrude Baker ADDRESS PLEASANT HILL	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medication of prostate ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Removal of prostate		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 4-1-54		19b. MAJOR FINDINGS OF OPERATION Prostate 177X	
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) _____ m.		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 3-27, 1954 to 4-2, 1954 , that I last saw the deceased alive on 4-1, 1954 , and that death occurred at 5-15 PM , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Elmer Baker		23b. ADDRESS Louisiana, Mo.	
23c. DATE SIGNED 4-2-54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 4-4-54		24c. NAME OF CEMETERY OR CREMATORY CRESCENT-HEIGHTS	
24d. LOCATION (City, town, or county) (State) Pleasant-Hill ILL		25. FUNERAL DIRECTOR'S SIGNATURE R. Harman ADDRESS Pleasant Hill ILL	
DATE RECD BY LOCAL REG. April 4, 1954		REGISTRAR'S SIGNATURE Bernice Collier 374	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1964

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.