

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12884

BIRTH NO. FILED MAY 3 1954		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 2052		Registrar's No. 165	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 912 West 4th. St.				e. STREET ADDRESS (If rural, give location) 912 West 4th. St. 08070			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) B.		c. (Last) BAKER	
4. DATE OF DEATH April 24, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 25, 1884		9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Swift Paking Co. Tipton, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John William Baker		13b. MOTHER'S MAIDEN NAME Sarah Ann Petree	
14. NAME OF HUSBAND OR WIFE Prudence Pearl Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-07-4354		17. INFORMANT'S SIGNATURE OR NAME Mrs. Prudence Baker, Sedalia, 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency DUE TO (c) Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 3 or 4 yrs 30 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min)	
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 Feb 26, 1954, to Apr 24, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. L. Walter (Degree or title) M.D.		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 4-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 4-27-54		REGISTRAR'S SIGNATURE A. J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Beckhart		ADDRESS Sedalia, Mo	

Laine County, Mo. Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

MAY 4 1958

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 Russell C. Maag

Licensed Embalmer No. 488

P. O. Address Sedalia

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.