

FILED JUN 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14851

State File No.

BIRTH NO.		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>5092</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LONE OAK TWP</u>		c. LENGTH OF STAY (In this place) <u>—</u>		c. CITY OR TOWN <u>CARTHAGE.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HILWAY 71-3M.N. RICH Hill.</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE 4.</u>			
3. NAME OF DECEASED (Type or Print) <u>LULU</u>		a. (First)		b. (Middle)		c. (Last) <u>BAKER</u>	
4. DATE OF DEATH <u>MAY-31-1954</u>		(Month)		(Day)		(Year)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL-27-1903</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>7TH. CAFE.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SIGLE GREER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN C. BAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-14-6748</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JAMES HUNT-BIRMINGHAM, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture above left eye</u> ANTECEDENT CAUSES <u>also Compound fracture of left arm</u> DUE TO (b) <u>multiple injuries of chest</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164 26</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hilway 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Bates</u> (STATE) <u>MO.</u>		21d. HOW DID INJURY OCCUR? <u>Two car collision</u>	
21d. TIME OF INJURY <u>May 31 5 54 PM</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>5:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cloris Smith</u>		(Degree or title) <u>acting coroner</u>		23b. ADDRESS <u>Butler Missouri</u>		23c. DATE SIGNED <u>5/31/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>6-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>June 1-54</u>		REGISTRAR'S SIGNATURE <u>Kendall Kurylo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KNELL MORTUARY-CARTHAGE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1961 8 10

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 *John G. Underwood*
Licensed Embalmer No. 358
P. O. Address *Butler*

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.