

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15689**

FILED MAY 28 1954

BIRTH NO. _____ REG. DIST. NO. **143** PRIMARY REG. DIST. NO. **3558** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POMONA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POMONA	
c. LENGTH OF STAY (In this place) 48 yrs.		d. STREET ADDRESS (If rural, give location) RT. 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print) ETHEL EMILY BAKER			4. DATE OF DEATH (Month) (Day) (Year) 2-27-54		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-20-1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) HOWELL CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME T P MODRALL	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE A. B. BAKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME A. B. BAKER, POMONA, MO.,	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure with		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4214	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2/14/54**, 19___, to **2/27/54**, 19___, that I last saw the deceased alive on **2/27/54**, 19___, and that death occurred at **6:00 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul G. Lewis M.D.	23b. ADDRESS Wellaw Springs Mo	23c. DATE SIGNED 5-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 32-54	24c. NAME OF CEMETERY OR CREMATORY MACKEY	24d. LOCATION (City, town, or county) (State) POMONA, MO
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DATE REC'D BY LOCAL REG. MAY 28 1954	REGISTRAR'S SIGNATURE Byrd A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

0960

MAY 28 1954

STATEMENT BY LICENSED EMBALMER

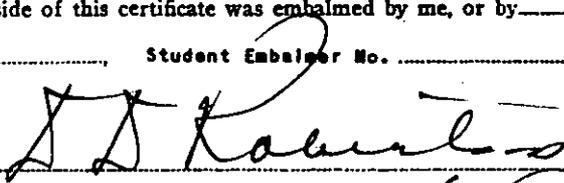
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address West Plains

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.