

FILED JUN 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21741

BIRTH NO.		REG. DIST. NO. 913		PRIMARY REG. DIST. NO. 4476		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing		c. LENGTH OF STAY (in this place) 30 da.		c. CITY OR TOWN Memphis		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0980			
3. NAME OF DECEASED (Type or Print) a. (First) Ashley		b. (Middle) Leo		c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1954	
5. SEX male ☒		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 27, 1876	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Baker		13b. MOTHER'S MAIDEN NAME Mary A. Baker		14. NAME OF HUSBAND OR WIFE Hattie Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Leo Baker Downing, Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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) (Minute)		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 Sept - 21, 1948, to 6 - 12 - 1954, that I last saw the deceased alive on 6 - 8 - 1954, and that death occurred at 2 A m., from the causes and on the date stated above.							
23a. SIGNATURE A.M. Keethler D.O.		(Degree or title)		23b. ADDRESS Memphis, Mo.		23c. DATE SIGNED 6 - 12 - 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 13, 1954		24c. NAME OF CEMETERY OR CREMATORY Memphis		24d. LOCATION (City, town, or county) (State) Memphis Missouri	
DATE REC'D BY LOCAL REG. June 16, 54		REGISTRAR'S SIGNATURE 353		25. FUNERAL DIRECTOR'S SIGNATURE Luther O. Baker		ADDRESS Memphis Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1958

MAY 24 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 Fred Gerth.....

Licensed Embalmer No. 425

P. O. Address Memph

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.