

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28229**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Pineville Rural</b>		c. CITY OR TOWN <b>Pineville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Hiram</b>	c. (Last) <b>Baker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEATH August 6, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 21, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Teacher</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wise Co. Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Zach Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Zane Kessee</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Baker</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gertrude Baker</b>	ADDRESS <b>Pineville, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Organic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary tuberculosis</b>		
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	19b. MAJOR FINDINGS OF OPERATION <b>002x</b>	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 **Jan 1, 1954**, to **Aug 6, 1954**, that I last saw the deceased alive on **Aug 6, 1954**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. B. B. ...</b>	(Degree or title)	23b. ADDRESS <b>Pineville Mo</b>	23c. DATE SIGNED <b>8/7/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baker Family Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pineville, Rural Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-8-54</b>	REGISTRAR'S SIGNATURE <b>Mayne Humphrey</b>	423-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Papp Funeral Home</b>	ADDRESS <b>Anderson Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

0600 /

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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 *Emil Papp*

Licensed Embalmer No. *3458*

P. O. Address *Anderson, N.J.*

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.