

THE DIVISION OF HEALTH OF MISSOURI

28245

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

4313 State File No. 7

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>5732</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Lloyd</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH <u>August 25 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 15 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>9</u>		11. DAYS <u>10</u>		12. IF UNDER 12 HRS. Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Boydston</u>		14. NAME OF HUSBAND OR WIFE <u>Stella M. Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Stella M. Baker Elmer Mo</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Myocardial Ischemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Portal Cirrhosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 22, 1954</u> , to <u>Aug 25, 1954</u> , that I last saw the deceased alive on <u>Aug 25, 1954</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. McDowell</u> (Deputy or title)		23b. ADDRESS <u>Atlanta, Missou</u>		23c. DATE SIGNED <u>Aug 25-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer Macon Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/30/54</u>		REGISTRAR'S SIGNATURE <u>Daphne Nowerton</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>M. H. McCallum</u>		ADDRESS <u>South Gifford Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1954

(31)

RECEIVED 8.31.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.54.139
Date Filed 9.2.54

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

W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

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.