

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28327
State File No.

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>4339</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		26 90	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. CALDWELL ST.</u>				d. STREET ADDRESS (If rural, give location) <u>E. CALDWELL ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>BAKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13, 1954</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNMARRIED</u>	
8. DATE OF BIRTH <u>JULY 29, 1886</u>		9. AGE (in years last birthday) <u>68</u>		If UNDER 1 YEAR Months <u>0</u> Days <u>14</u>		If UNDER 18 Hrs. Hours <u>0</u> Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>OTTO MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>SALINA BELL MARAND</u>		14. NAME OF HUSBAND OR WIFE <u>JAS. H. BAKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CHAS. HAMILTON</u>		ADDRESS <u>PARIS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>100%</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</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)		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 3, 1954</u> to <u>8-13, 1954</u> , that I last saw the deceased alive on <u>8-13, 1954</u> , and that death occurred at <u>10:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. D. [Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>PARIS, MISSOURI</u>		23c. DATE SIGNED <u>8-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORIDA CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CO., MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>J. D. Barnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blaney</u>		ADDRESS <u>PARIS, MISSOURI</u>	

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

DEC 9 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
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.