

No. 300  
10. 48

40228

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

XC-Unknown  
RN-8024

BIRTH NO. FILED JAN 6 1955 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>DeSoto</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Highway 110</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) <b>CLAY</b>	
c. (Last) <b>BAKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 28, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>December 30, 1897</b>
9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Clerk</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Sales</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>FRANK BAKER</b>		13b. MOTHER'S MAIDEN NAME <b>CALLIE LABUS</b>	14. NAME OF HUSBAND OR WIFE <b>DNA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency with marked decompensation.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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>4222</b>	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 **Dec. 27**, 19**54**, to **Dec. 28**, 19**54** ~~at the residence of the deceased~~ and that death occurred at **8:00a.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>HARRY J. PRICE, Chief Medical Service</b>	23b. ADDRESS <b>VA Hospital Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>12/28/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>	24b. DATE <b>12-29-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KIRKWOOD, MO</b>

DATE REC'D BY LOCAL REG. <b>12/28/54</b>	REGISTRAR'S SIGNATURE <b>R. W. Muel...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BRUCE CROY</b>	ADDRESS <b>Fitch Poplar Bluff</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

1-4-55

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

FEB 2 1955

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 *Wallace N. Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Poplar Bluff*

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.