

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40288**
 BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **347**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (in this place) 1 mo, 1 day	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) - c. (Last) Baker		4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 18 97
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas E Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk	
17. INFORMANT'S SIGNATURE OR NAME State Hospital Records		ADDRESS Fulton, Mo	
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) Cerebral arterio sclerosis 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. Arterio Sclerotic Heart Dis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 334X YES <input type="checkbox"/> NO <input 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 8 am , 1954, to 26 Dec , 1954, that I last saw the deceased alive on 26 Dec , 1954, and that death occurred at 12:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Frank Nichols (G.S.W) (Degree or title) M.D.		23b. ADDRESS Fulton, Mo	
23c. DATE SIGNED 26 Dec 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec 27 1954		24c. NAME OF CEMETERY OR CREMATORY Linwood Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Earl E. Pratt ADDRESS Mexico Mo.	
DATE REC'D BY LOCAL REG. Dec. 26 1954		REGISTRAR'S SIGNATURE M. Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1956

JAN 5 1956

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 *Billy Jack Skinner*

Licensed Embalmer No. *47*

P. O. Address *W. Ohio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.