

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42106

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Rural St. Francois		c. CITY OR TOWN Illmo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7;5M;13D		e. STREET ADDRESS (If rural, give location) 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No.4			

3. NAME OF DECEASED (Type or Print) a. (First) ADA	b. (Middle) FLORENCE	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) December 14, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced (?)	8. DATE OF BIRTH March 22, 1887
9. AGE (In years last birthday) 67		if UNDER 1 YEAR Months 8 Days 22	if UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife; former postmistress		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bargersville, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Groseclose	13b. MOTHER'S MAIDEN NAME Malissa Doty	14. NAME OF HUSBAND OR WIFE George Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No.4, Farmington, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage - - - - -		1 week.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach - - - - - DUE TO (c)		8 months.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive psychosis.			

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 Dec. 17, 1954, to Dec. 11, 1954, that I last saw the deceased alive on Dec. 11, 1954, and that death occurred at 3:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jahid Brennan MD	23b. ADDRESS State Hospital No.4, Farmington, Mo.	23c. DATE SIGNED 12-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Fairmount Cem.
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.		

DATE REC'D BY LOCAL REG Dec. 14, 1954	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home, Chaffee, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

940

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 *Paul K. Doyal* _____

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.