

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

412

State File No. _____

FILED JAN 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5176</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u> <u>0150</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <u>Missouri</u> <u>Camden</u> COUNTY <u>0150</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Auphant</u> <u>0150</u>				c. LENGTH OF STAY (In this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>				e. STREET ADDRESS (If rural, give location) <u>Star Route</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>Maudie Alice Baker</u>		<u>Maudie</u>		<u>Alice</u>		<u>Baker</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Jan 4 - 1955</u>		<u>Jan</u>		<u>4</u>		<u>1955</u>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Female</u>		<u>wht</u>		<u>Married</u>		<u>Jan 11 - 1915</u>	
9. AGE (In years, last birthday)		If UNDER 1 YEAR		If UNDER 1 YEAR		If UNDER 1 YEAR	
<u>39</u>		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY	
<u>housewife</u>		<u>own home</u>		<u>Camden Co. Mo</u>		<u>MO</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		13c. NAME OF HUSBAND OR WIFE			
<u>Oliver Hammers</u>		<u>Minnie Brown</u>		<u>Edward Baker</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
<u>no</u>		<u>322-44-9224</u>		<u>Wayne Baker</u>		<u>Montreal 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several</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)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dropsy</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
<u>none</u>		<u>Dropsy</u>					
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)			
<u>none</u>		<u>none</u>		<u>Camden Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
<u>none</u>		☐		<u>None</u>			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>54</u> , to <u>Jan 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>55</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Name or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>E. C. Carlston M.D.</u>				<u>Stoutland Mo</u>		<u>1-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town or county) (State)	
<u>Burial</u>		<u>Jan 6 - 55</u>		<u>St. Joseph</u>		<u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Jan 13 - 1955</u>		<u>Zilpha J. Drown</u>		<u>Banksen - Woolery</u>			

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

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

Robert Woolery

Licensed Embalmer No. *2488*

P. O. Address

Camden, N.J.

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.