

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18122

State File No. _____

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Meramec</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>fouring</u>		e. STREET ADDRESS (If rural, give location) <u>1289 Hodiament</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Hwy 19, 1 mi No. of Steelville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>LOUIS</u>	c. (Last) <u>BAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov. 4, 1932</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Helper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bert Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Waneta Blackwell</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Korean</u>	16. SOCIAL SECURITY NO. <u>489-34-7374</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bert Baker</u> ADDRESS <u>1289 Hodiament St Louis Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Accidental Death caused by Automobile going over embankment.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Embarkment.</u> <u>VE8294</u> <u>32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Haley M Jones</u> (Degree or title) _____	23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>June 4, 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jun 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/18/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichew</u> <u>505</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackwell-Warfel</u> ADDRESS <u>Salem, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1957

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 *Marshall C. Blackwell*

Licensed Embalmer No. *471*

P. O. Address *Salem,*

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.