

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28867

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Mexico		c. CITY OR TOWN Benton City	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
c. LENGTH OF STAY (in this place) 2 weeks		STREET ADDRESS (If rural, give location) R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) Esther	b. (Middle) Delores	c. (Last) Baker
4. DATE OF DEATH	(Month) Sept.	(Day) 12	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 11, 1914
9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Gray, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin Brewer	13b. MOTHER'S MAIDEN NAME Samantha Forbes	14. NAME OF HUSBAND OR WIFE Martin Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 515-03-7336	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Martin Baker Benton City, 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* Carcinoma of the stomach INTERVAL BETWEEN ONSET AND DEATH 15m. ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the stomach DUE TO (c) Primary carcinoma of the stomach 12 Mo. 18 Mo.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1954 , to Sept. 1955 , that I last saw the deceased alive on Sept. 11 , 1955, and that death occurred at 7:34 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William H. Argen J.	23b. ADDRESS 112 N. Clark, Mexico	23c. DATE SIGNED Sept. 12, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-1955	24c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery	24d. LOCATION (City, town, or county) (State) Benton City Missouri
DATE REC'D BY LOCAL REG. Sept. 12 1955	REGISTRAR'S SIGNATURE Blanche Neely P.O.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed

Richard G. M. Jones

Licensed Embalmer No. 48

P. O. Address

Mobile

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.