

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39540**

**FILED DEC 21 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **367**

|  |  |   |  |
|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>ADAIR</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONTICELLO DICKERSON</b>  |  |
| c. LENGTH OF STAY (in this place) <b>1 1/4 mos.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>1 mile west Monticello</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>LAUGHLIN HOSPITAL</b>                              |  |   |  |

|  |   |  |   |  |  |   |
|--|---|--|---|--|--|---|
| <b>3. NAME OF DECEASED</b><br>a. (First) <b>DORA</b> b. (Middle) <b>XXXXXXXX</b> c. (Last) <b>BAKER</b>                |   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>DEC. 9, 1955</b> |  |  |   |
| <b>5. SEX</b><br><b>FEMALE</b>   | <b>6. COLOR OR RACE</b><br><b>COLORED</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b><br><b>MARRIED</b> | <b>8. DATE OF BIRTH</b><br><b>11/30/1886</b>                        | <b>9. AGE</b> (In years last birthday) <b>69</b>                           | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>9</b> | IF UNDER 24 HRS.<br>Hours <b>9</b> Min.           |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> |   | <b>10b. KIND OF BUSINESS OR INDUSTRY:</b><br><b>XXXXXXXXXXXX</b>                 |   | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>DEER RIDGE, MO.</b> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b> |

|   |   |  |
|---|---|--|
| <b>13a. FATHER'S NAME</b><br><b>WILLIAM DOWNING</b>   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>LOTTIE BRUMBAUGH</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>VADIE BAKER</b>       |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>NO</b> |   |  |
| <b>16. SOCIAL SECURITY NO.</b><br><b>XXXXXXXXXXXX</b>   |   | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>VADIE BAKER</b> |
| <b>ADDRESS</b><br><b>MONTICELLO, MO.</b>  |   |  |

|  |  |  |  |
|--|--|--|--|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)   | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Chronic nephritis &amp; uremia</i>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b>   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <i>Diabetes mellitus &amp; gangrene both feet 4 yrs</i><br>DUE TO (c) <i>Hypertensive cardiac vascular disease 1 yr</i> |
|  | <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized arterio sclerosis 1 yr</i> |  |  |
|  | <b>19a. DATE OF OPERATION</b>  |  |  |

|  |   |  |                  |
|--|---|--|------------------|
| <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>443X</b> |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                             | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b>  | (COUNTY) (STATE) |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>  |                  |

**22. I hereby certify that I attended the deceased from 10/17, 1954, to 12/9, 1955, that I last saw the deceased alive on 12/9, 1955, and that death occurred at 4:25 P.M., from the causes and on the date stated above.**

|   |                                     |  |   |  |
|---|-------------------------------------|--|---|--|
| <b>23a. SIGNATURE</b> (Deputy or title)<br><i>Wm. Pluse</i>       |                                     | <b>23b. ADDRESS</b><br><b>Berberville, MO</b>                  |   | <b>23c. DATE SIGNED</b><br><b>12/11/55</b>                         |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>BURIAL</b> | <b>24b. DATE</b><br><b>12/11/55</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>monticello</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>MONTICELLO, MO</b> |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>12-13-55</b>                |                                     | <b>REGISTRAR'S SIGNATURE</b> <b>1-0</b><br><b>Kate Lambert</b> |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><i>Charles J. Smith</i> |
|   |                                     |  |   | ADDRESS<br><b>Bewistown, Mo.</b>                                   |

**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

*Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.