

No. 300  
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FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 41400

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5-804		Registrar's No. 57		
1. PLACE OF DEATH a. COUNTY <b>Monroe</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Paris, Missouri</b> )		c. LENGTH OF STAY (In this place) <b>4 Mo.</b>		c. CITY OR TOWN <b>Perry, Missouri.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West Rest Home.</b>				e. STREET ADDRESS (If rural, give location) <b>Perry, Missouri.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Baker.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 19, 1955</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 22, 1869</b>		9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR <b>5</b> Months	IF UNDER 24 HRS. <b>27</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Cottlander.</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Jacob Baker.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Baker.</b> ADDRESS <b>Perry, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  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. <b>4222</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>		
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 <b>Dec 12, 1955</b> to <b>Dec 19, 1955</b> , that I last saw the deceased alive on <b>Dec 19, 1955</b> , and that death occurred at <b>2:30 PM.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. M. Kephale</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Paris, Missouri</b>		23c. DATE SIGNED <b>12-21-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-21-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>12-29-55</b>		REGISTRAR'S SIGNATURE <b>J. A. Barnard, D.O.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde C. Muehler</b>		ADDRESS <b>Perry, Mo.</b>		

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..... *Clyde Welby*

Licensed Embalmer No..... 38

P. O. Address..... Perry, Md

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.