

2084

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

0700

FILED FEB 15 1956

BIRTH NO. .... REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Americus Mo</b>		c. CITY OR TOWN <b>Americus Mo</b>	d. Residence within limits of city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvin</b> b. (Middle) <b>Barton</b> c. (Last) <b>Baker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb-9 th 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan-13-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mcd</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Americus Mo</b>
13a. FATHER'S NAME <b>Benjamin Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Keiff</b>	14. NAME OF HUSBAND OR WIFE <b>Nettie Jordan</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-36-0850</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. D. B. Baker Americus 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-Vascular Disease</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no</b>	
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) (Minute)	
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>1-5-1941</b> , to <b>2-9-1956</b> , that I last saw the deceased alive on <b>2-9-1956</b> and that death occurred at <b>3:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E. J. T. Anderson, M.D.</b>		23b. ADDRESS <b>Montgomery City, Mo</b>	
23c. DATE SIGNED <b>2/11/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-12-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Napkin MONTGOMERY CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 12 - 56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Feb 22 1956

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, ~~Xxxx~~ on the 9 th day of Feb 1956, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... C. W. Hopkins

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address .....

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.