

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9735

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3040		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 24 yrs		c. CITY OR TOWN Chillicothe		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 219 Liberia St.				e. STREET ADDRESS (If rural, give location) 219 Liberia St. 05920			
3. NAME OF DECEASED (Type or Print) a. (First) URA			b. (Middle) JUANITA		c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) March 23 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 25, 1911		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Locksprings, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jess Roney			13b. MOTHER'S MAIDEN NAME Minnie Morgan		14. NAME OF HUSBAND OR WIFE Earl Baker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Baker 219 Liberia St. Chillico			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Failure (Inter-capillary Glomerulosclerosis)				INTERVAL BETWEEN ONSET AND DEATH unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes mellitus		6 years plus	
				DUE TO (c) Massive Anasarca		1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x				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 July 1953, to March 23, 1956, that I last saw the deceased alive on March 23, 1956 and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William L. Fair, M.D.				23b. ADDRESS Chillicothe, MO		23c. DATE SIGNED 3/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 26 1956	24c. NAME OF CEMETERY OR CREMATORY Forrest Park Cemetery		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri		
DATE REC'D BY LOCAL REG. 3/24/56		REGISTRAR'S SIGNATURE Frances B Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME Chillicothe, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

171-0

APR 5

1955

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 *Edward F. Norman*

Licensed Embalmer No...4036...

P. O. Address Chillicothe,

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.