

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13636

State File No.

BIRTH NO.		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>424</u>		Registrar's No. <u>62</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Oak Grove</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>Oak Grove</u>		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 <u>City</u>				STREET ADDRESS (If rural, give location) <u>City 7000</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>			b. (Middle) <u>a.</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9-1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug-29-1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired O. P. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ills</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>S. B. Baker</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Briggs</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Baker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Baker</u>				ADDRESS <u>Oak Grove Mo</u>		
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) <u>Ordema of the lungs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>		
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic embolism</u>				<u>4 yrs</u>		
				DUE TO (c) <u>Cerebral hemorrhage, left Reliance cord</u>				<u>4 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (Min.)		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 <u>Feb. 14, 1952</u> , to <u>Apr 9, 1956</u> , that I last saw the deceased alive on <u>Apr 8, 1956</u> , and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Oak Grove Mo</u>			23c. DATE SIGNED <u>4/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dates City Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-12-56</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>With Funeral Home</u>				ADDRESS <u>Oak Grove Mo</u>	

(If used 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.....

R B Webb

Licensed Embalmer No. *23*.....

P. O. Address *Blue Springs*.....

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.