

FILED JUN 11 1956 STANDARD CERTIFICATE OF DEATH

State File No. **17162**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5837** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY Newton 0730		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 0730	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Benton Township		e. FULL NAME OF HOSPITAL OR INSTITUTION W. Benton Township	

3. NAME OF DECEASED (Type or Print) CLINT		a. (First) Hubert		b. (Middle) BAKER		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 31, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 23, 1902		9. AGE (In years last birthday) 53		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Drive In Restaurant			10b. KIND OF BUSINESS OR INDUSTRY Restaurant			11. BIRTHPLACE (City and State or Foreign Country) Nowata, Okla.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John BAKER		13b. MOTHER'S MAIDEN NAME Jewitt FRIING ALPNA		14. NAME OF HUSBAND OR WIFE JACK BAKER	
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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. 509-32-9915		17. INFORMANT'S SIGNATURE OR NAME JACK BAKER		ADDRESS Aston, Okla.	
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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				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES Morbidity 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.		_____					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **5-31** 19**56**, to **5-31**, 19**56** that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE Lois Thompson (Degree or title) 3		23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 5/31/56	
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24a. BURIAL, CREMATION, OR REMOVAL REMOVED		24b. DATE 5-31-56		24c. NAME OF CEMETERY OR CREMATORY Aston		24d. LOCATION (City, town, or county) (State) Aston Okla.	
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DATE REC'D BY LOCAL REG. 5-31-56		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Lois Thompson		ADDRESS Neosho Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

223

Open

RECEIVED

District Health Officer No. *Newton*

District File Number *656-95*

Date Filed *JUN 6 1930*

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 Thompson*

Licensed Embalmer No. *4861*

P. O. Address *Newark, N.J.*

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