

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19304

STATE FILE NUMBER

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Shelbina TOWN		Inside Limits Yes ☒ No ☐	c. CITY OR Shelby County TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Edmonston Rest Home INSTITUTION		Length of stay in lb 3 1/2 Years	d. STREET (If outside, give location) ADDRESS East of Bethel, Mo.

3. NAME OF DECEASED (Type or print) First Rhoda Middle Jame Last Baker			4. DATE OF DEATH Month May Day 23 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH June 23, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles B. Jones			14. MOTHER'S MAIDEN NAME Susan P. Cole		
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 Address Samuel P. Jones, Bethel, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diagnosis not definite, probably acute Cholecyctitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Cholecyctitis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senile heart disease Senile dementia ~ 585X				INTERVAL BETWEEN ONSET AND DEATH 4 days P	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY, Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 23 1956 , to May 23-1956 and last saw her alive on May 22-1956 Death occurred at 1:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. C. Overhiser M.D. (Degree or title)		22b. ADDRESS Shelbyville, Mo.		22c. DATE SIGNED 5-24-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 25, 1956		23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	
24. FUNERAL DIRECTOR E. Hayes ADDRESS Shelbina, Mo.		25. DATE RECD. BY LOCAL REG. 5-25-56		26. REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Paul E. Hayes

Licensed Embalmer No. 4

P. O. Address Shelbina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.