

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21157**

FILED JUN 22 1956

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 4311		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) Callao		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Callao		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0610			
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN		b. (Middle) LEE		c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) 6-4-56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-4-80	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Macon Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John W. Baker		13b. MOTHER'S MAIDEN NAME May Jane Claybrook		14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-28-310		17. INFORMANT'S SIGNATURE OR NAME Sarah Elizabeth Baker		ADDRESS Callao Mo	
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) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 4200		22. I hereby certify that I attended the deceased from 6/4 , 19 56 to 6/4 , 19 56 that I last saw the deceased alive on 6/4 , 19 56 and that death occurred at 12 p.m., from the causes and on the date stated above.	
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? _____		23a. SIGNATURE (Degree or title) James E. Cunningham M.D.	
23b. ADDRESS Macon Mo		23c. DATE SIGNED 6/6/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-56	
24c. NAME OF CEMETERY OR CREMATORY Land View		24d. LOCATION (City, town, or county) (State) Callao Mo		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Edwards		ADDRESS Bevier Mo	
DATE REC'D BY LOCAL REG. 6/7/56		REGISTRAR'S SIGNATURE W. M. Reedy		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Edwards		ADDRESS Bevier Mo	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED 6.19.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.56.93
Date Filed 6.21.56

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 *H. G. Edwards*.....

Licensed Embalmer No. 196

P. O. Address *Brewer*.....

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.