

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1956

State File No. **21176**
Registrar's No. **15**

BIRTH NO.		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5756		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY (For outside corporate limits, write RURAL and give township) Rural Jefferson		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home				e. STREET ADDRESS (If rural, give location) Belle R.F.D 06300			
3. NAME OF DECEASED (Type or Print)		a. (First) Oliver		b. (Middle) Amos		c. (Last) Baker	
4. DATE OF DEATH June 7 - 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb-17-1889		9. AGE (In years, last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James Baker		13b. MOTHER'S MAIDEN NAME Nancy Jeff		14. NAME OF HUSBAND OR WIFE Tennessee (Gider) 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 Loss Baker - Bland 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) Cardio-vascular-renal syndrome ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 442X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 3 mos 5 yrs 4 yrs			
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 3-15 , 1956, to 6-7 , 1956, that I last saw the deceased alive on 6-6 , 1956, and that death occurred at 1:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Pauline Howard, M.D.				23b. ADDRESS Glenview, Mo.			
23c. DATE SIGNED 6-11-56							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 9-56		24c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery		24d. LOCATION (City, town, or county) (State) Maries County - Mo.	
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE Charles Jackson			

(Licensed Embalmer's Statement on Reverse Side)

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

Jul 20 1956

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 Charles Sasser

Licensed Embalmer No. 4128

P. O. Address Bland -

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.