

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24566**
Registrar's No. **306**

FILED AUG 13 1956

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 325-2		Registrar's No. 306	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. LENGTH OF STAY (in this place) 71 yrs		c. CITY OR TOWN SEDALIA		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 West 2nd St.				e. STREET ADDRESS (If rural, give location) 511 West 2nd St.			
3. NAME OF DECEASED (Type or Print) FOREST		a. (First)		b. (Middle) HOMER		c. (Last) BAKER	
4. DATE OF DEATH Aug. 3, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar 16, 1868		9. AGE (In years last birthday) 88		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) Crawford County, Pa.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alphonzo Baker		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Wilhelmine Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilhelmine Baker, Sedalia, 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) Basal cell cancer left ear ANTECEDENT CAUSES Morbid 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. Prostatitis with chronic urinary explet				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 191X				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1950 , to Aug 3, 1956 , that I last saw the deceased alive on 1 Aug, 1956 , and that death occurred at 6 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE M. Edwards (Degree or title) M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 3 Aug 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/56		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 8-4-56		REGISTRAR'S SIGNATURE Thomas G. Bantz		25. FEDERAL DIRECTOR'S SIGNATURE Thomas G. Bantz ADDRESS Sedalia, Mo.			

(Licensed 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. *Phane Ewing*

Licensed Embalmer No. *384*

P. O. Address *Lebanon*

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.