

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27566**

FILED SEP 6 1956

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BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5707** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. CITY OR TOWN Anderson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Days		e. STREET ADDRESS (If rural, give location) R.F.D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) KAIRN	b. (Middle) SUE	c. (Last) BAKER	8 21 1956		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 15 1956		9. AGE (In years) (Month) (Day) 0 0 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kan.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Lloyd Baker	13b. MOTHER'S MAIDEN NAME Catheline Huling	14. NAME OF HUSBAND OR WIFE V
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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. none	17. INFORMANT'S SIGNATURE OR NAME Lloyd Baker	ADDRESS Anderson Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 7630 YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Wm. Humphrey J. Coronel (Degree or title)	23b. ADDRESS Noel Mo.	23c. DATE SIGNED 8-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-22-56	24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery	24d. LOCATION (City, town, or county) (State) Anderson, Mo.
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DATE REC'D BY LOCAL REG. 8-24-1956	REGISTRAR'S SIGNATURE Wayne Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE R.E. Cheston	ADDRESS Anderson Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

423-0

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 me....., Student Embalmer No. ✓ working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Anderson.....

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.