

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1956

27891

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski c. CITY OR TOWN Rural Union d. STREET ADDRESS (If outside, give location) 0810 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Zella Middle Baker Last Baker		4. DATE OF DEATH Month 8 Day 14 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Marion County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Melvin Copeland		14. MOTHER'S MAIDEN NAME Tina Shelton	
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. X	
17. INFORMANT Mr. Wes Baker, Dixon, Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary oedema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) congestive heart failure DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4341			INTERVAL BETWEEN ONSET AND DEATH 2 hours unknown
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-14-1956 to 8-14-56 and last saw her alive on 8-14-56 Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wesley Gates (Degree or title) D.O.		22b. ADDRESS Dixon, Mo.	
22c. DATE SIGNED 8-17-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/17/1956	
23c. NAME OF CEMETERY OR CREMATORY Seaton Semetery		23d. LOCATION (City, town, or county) (State) Marion County, Missouri	
24. FUNERAL DIRECTOR Fred H. Gilbert, Dixon, Missouri		25. DATE RECD. BY LOCAL REG. 8-23-56	
26. REGISTRAR'S SIGNATURE Paula Mae Anderson			

RECEIVED 8-25-56
Pulaski County Health Officer
File Number 112
Date Filed 8-23-56

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 *Maurice E. Schierbaum*

Licensed Embalmer No. *45*

P. O. Address *Dixon, Miss*

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.