

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38708

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3.41 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Rural Ten Mile</u>		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 <u>Samaritan Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 Macon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 13, 1892</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>64</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Summerset, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		13a. FATHER'S NAME <u>John Riddle</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Price</u>	
13c. NAME OF HUSBAND OR WIFE <u>O.E. Baker</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>No.</u>		16. INFORMANT'S SIGNATURE OR NAME <u>O.E. Baker</u>	
17. ADDRESS <u>Macon, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		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 _____		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) <u>331X</u>		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? _____	
22. I hereby certify that I attended the deceased from <u>11/8, 1956</u> , to <u>11/9, 1956</u> , that I last saw the deceased alive on <u>11/9, 1956</u> , and that death occurred at <u>2:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>11/14/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Taber Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Atlanta Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>	
DATE REC'D BY LOCAL REG. <u>11-17-56</u>		REGISTRAR'S SIGNATURE <u>Russ M. Neely</u>		ADDRESS <u>Macon, Mo.</u>			

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

Date filed 11-24-56

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.....
Charles L. Nettles

Licensed Embalmer No. 457

P. O. Address *Mason*

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.