FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4297

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St-JOHNS Hosptl — Length of stay in 1b 48 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE OKLA b. COUNTY Tulsa
c. CITY OR TOWN TULSA 8350 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2733 N. QUAKER — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JACK Middle Last BAKER

4. DATE OF DEATH Month Day Year Feb. 13, 1957

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Unknown
8. DATE OF BIRTH FEB-4-1928
9. AGE (In years last birthday) 29 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABARER
10b. KIND OF BUSINESS OR INDUSTRY VARIED
11. BIRTHPLACE (City and state or country) KEYSTONE OKLA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME OSCAR BAKER
14. MOTHER'S MAIDEN NAME MARTHA HARRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT LERLEEN MARTIN Address 2733 N. QUAKER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage (probable) — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetic coma 260X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (head not done)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-12, to 2-13 and last saw ~~her~~ him alive on 2-13
Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B Lemmon Jr
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 2-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 2-15-57
23c. NAME OF CEMETERY OR CREMATORY ____
23d. LOCATION (City, town, or county) TULSA (State) OKLA

24. FUNERAL DIRECTOR H. V. Smith ADDRESS 602 N. Jefferson
25. DATE RECD. BY LOCAL REG. 2-14-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 42

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.