

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12611**

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **4/50** Registrar's No. **3**

0260

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

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon		c. LENGTH OF STAY (in this place) 3 Years		c. CITY OR TOWN Bourbon			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		e. STREET ADDRESS (If rural, give location) No Street Address					
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) Lee		c. (Last) Baker		
4. DATE OF DEATH (Month) (Day) (Year) 4-30-1957		5. SEX male					
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH OCT. 19 1877			
9. AGE (In years last birthday) 79		10. MARRIED (In years last birthday) 6		11. IF UNDER 1 YEAR (Months) (Days) 11			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Hinch Missouri			
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Noah Baker		13b. MOTHER'S MAIDEN NAME Louisa Mondy			
14. NAME OF deceased WIFE Adelia Grote		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 Adelia Baker		18. ADDRESS Bourbon 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) Malnutrition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177x				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 2-22, 1957 to 4-29, 1957 , that I last saw the deceased alive on 4-29, 1957 , and that death occurred at 5 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C.E. Carnahan		23b. ADDRESS MD 9 Bourbon, Mo.		23c. DATE SIGNED 4-30-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-57		24c. NAME OF CEMETERY OR CREMATORY Bourbon Cemetery			
24d. LOCATION (City, town, or county) (State) Bourbon MO.		25. FUNERAL DIRECTOR'S SIGNATURE Herman C. ...		25. ADDRESS Cuba, MO.			

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MAY 17 1957

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.....
Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

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.