

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1957

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4268 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Mayweir</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mayweir</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2548</u> Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT EDWARD BAKER</u>				4. DATE OF DEATH Month Day Year <u>May 26-1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 23-1864</u>	
9. AGE (In years last birthday) <u>93</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fayetteville Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John Baker</u>		14. MOTHER'S MAIDEN NAME <u>Mary L. Collins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>443x</u>		17. INFORMANT <u>Pauline Bunch Mayweir Mo.</u>		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) CONGESTIVE CIRCULATORY FAILURE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Decompensated Hypertensive Heart disease  
DUE TO (c) ARTERIO SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH  
14 R.  
D. K.

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 May 23, 1955 to May 26, 1957 and last saw her alive on May 26, 1955  
Death occurred at 3:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwin Wilson D.O. 22b. ADDRESS 1815 Main Nigginsville Mo 22c. DATE SIGNED 5/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 30, 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hermon</u>		23d. LOCATION (City, town, or county) (State) <u>Mayweir Mo</u>	
24. FUNERAL DIRECTOR <u>Bernett Green</u>		ADDRESS <u>Marshall Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/5/57</u>		26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 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. 422

P. O. Address Marshall

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.