

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23518**

No. 300
10.48

FILED JUL 31 1957

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5111** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give lowship) OR TOWN Lutesville, Liberty		c. CITY OR TOWN Lutesville,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) R F D, #1. Lutesville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) Francis c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) 7- 23rd 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov, 5th 1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 8 Days 18 Hours 7 Mins. P M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and State or Foreign Country) Lutesville, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME Ephriam Liley		13b. MOTHER'S MAIDEN NAME Cooperm		14. NAME OF HUSBAND OR WIFE Charles Baker, Lutesville	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. O Baker Lutesville, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 37-12 mos.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Primary undetermined			
		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		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) m.		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 **4/23**, 19**57**, to **7/23**, 19**57**, that I last saw the deceased alive on **7/23**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Sreece M.D. (Dr. or title)		23b. ADDRESS Marble Hill, Mo.		23c. DATE SIGNED 7/24/57	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7- 24- 57		24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery,		24d. LOCATION (City, town, or county) (State) Near Lutesville, Mo.	
DATE REC'D BY LOCAL REG. 7/25/57		REGISTRAR'S SIGNATURE Mrs. Buford Cruser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Funeral Home, Lutesville, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

20
0

AUG 2 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 J. E. Graham

Licensed Embalmer No. 401

P. O. Address Lutesville

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.