

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27187

State File No. ....

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BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter, Liberty Twp.</u>		c. LENGTH OF STAY (in this place) <u>Weeks</u>		c. CITY OR TOWN <u>Bloomfield</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sam Davis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u>		b. (Middle) <u>-</u>		c. (Last) <u>BAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1957</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 12, 1871</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 2 HRS. Hours _____ Mins. _____	
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>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Huggins</u>			13b. MOTHER'S MAIDEN NAME <u>Mahala Hale</u>		14. NAME OF HUSBAND OR WIFE <u>George Baker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Baker, Bloomfield, Mo. R.# 3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Consecutive Heart Failure 2 day</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition &amp; arterio</u> DUE TO (c) <u>sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>20 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4500</u>				20. AUTOPSY? <u>2</u> 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) (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>6-25-57</u> to <u>July 8<sup>th</sup>, 1957</u> , that I last saw the deceased alive on <u>7-8-57</u> , 1957, and that death occurred at <u>5:35 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>				23b. ADDRESS <u>Dexter, Mo</u>		23c. DATE SIGNED <u>July 13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-18-57</u>		REGISTRAR'S SIGNATURE <u>Delma V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND.CO., BLOOMFIELD, MO.</u>			

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

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MS  
SEP 26 1980

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, & by Lulu Cooper # 3499..... Student Embalmer No. XXXX

~~working under my personal supervision; XX~~

Student.....  
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.