

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27940

FILED SEP 3 1957

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 194

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1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp 70 yrs.</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>315 E. Fourth St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Mamie</u> Middle <u>Baker</u> Last <u>Frels</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 12, 1878</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner Shop</u>		11. BIRTHPLACE (City and state or country) <u>Callaway Co, Mo U.S.A.</u>	
13. FATHER'S NAME <u>Crestus Baker</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Schale</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Name <u>Mr. Gehrad Birk</u> Address <u>Washington, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renalized carcinoma</u> DUE TO (b) <u>Carcinoma, ovary, left (?) inoperable.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Many months</u> <u>great time</u>	
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. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. CITY, TOWN, OR LOCATION		20f. COUNTY		STATE
21. I attended the deceased from <u>17 June 57</u> to <u>26 Aug 57</u> and last saw her <u>alive</u> on <u>25 Aug 57</u> Death occurred at <u>1:02 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. B. Boyce, MD</u>				22b. ADDRESS <u>Washington, Mo</u>		22c. DATE SIGNED <u>26 Aug 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Aug 28, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Fellows Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>W. N. Witt</u>			25. DATE RECD. BY LOCAL REG. <u>9 27 57</u>		26. REGISTRAR'S SIGNATURE <u>F. J. Hubmann & J. P. Hubmann</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Docu., coroner, etc. must use only standard nomenclature in item 18. The symptoms which preceded the disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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 *Lester A. Witt*

Licensed Embalmer No. *322*

P. O. Address *Washington*

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