

STANDARD CERTIFICATE OF DEATH

32346

STATE FILE NUMBER

FILED OCT 8 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 458

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before permission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 049- Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		Length of stay in 1b YRS	d. STREET ADDRESS (If outside, give location) 1723 JOPLIN ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MABLE Middle MARIE Last BAKER			4. DATE OF DEATH Month SEPT. Day 15 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 11, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY FREEMAN HOSPITAL	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) SENECA, MO.		14. NAME OF HUSBAND OR WIFE DEC'D LOWELL C. BAKER, 5-24-51	
13a. FATHER'S NAME NOVAL SHAFFER		13b. MOTHER'S MAIDEN NAME MARY ROSE SASERER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes; no; unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 297X	
17. INFORMANT MRS. HOMER FORKNER, FT. LAUDERDALE, FLORIDA.			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) <u>Septicemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Toxic agranulocytosis</u> DUE TO (c) <u>Unknown</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. 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 <u>9-15-57 Morning</u> to <u>9-15-57 evening</u> and last saw her alive on <u>9-15-57</u> Death occurred at <u>9:46 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. D. Longmire</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>601 FRH Building</u>	
22c. DATE SIGNED <u>9-18-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-18-57	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY,
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-2-1957	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 F. M. Jones.....

Licensed Embalmer No. 2319
P. O. Address Johnston

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.