

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39725
STATE FILE NUMBER
88 Primary Registration District No. 5330 Registrar's No. 33

FILED NOV 18 1957

Health & Welfare
Public Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY CARWATER MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSAGE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS MO 21 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION NONE Length of stay in lb —		d. STREET ADDRESS (If outside, give location) 8936 KATHLYN DR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS NEWTON BAKER.			4. DATE OF DEATH Month Day Year NOV 11-57
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23-1907-09
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 5 Days 19 Hours — Min. —	IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) CHERRYVILLE MO
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME THOMAS BAKER	
14. MOTHER'S MAIDEN NAME MARTHA J WORLEY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	
16. SOCIAL SECURITY NO. 497-01-4767		17. INFORMANT Address IRMA M. BAKER ST. LOUIS, MO (80)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leaking of the Healy and Henry The testimony of some we think he died a natural death caused by head ailment Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4343			INTERVAL BETWEEN ONSET AND DEATH
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry M. Jones		22b. ADDRESS Steelville Mo	
22c. DATE SIGNED 11/11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-13-57	23c. NAME OF CEMETERY OR CREMATORY Cherryville	23d. LOCATION (City, town, or county) (State) Cherryville Mo.
24. FUNERAL DIRECTOR ADDRESS Harry M. Jones Steelville		25. DATE RECD. BY LOCAL REG. 11/15/57	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 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 ROBERT PARKER ROACH, Student Embalmer No. 54 working under my personal supervision..

Student Robert P. Roach
Signature of Student Embalmer

Signed Henry M. Jones
Licensed Embalmer No. 1111

P. O. Address St. Louis

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.