

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41340

FILED DEC 12 1957

5902
304 FILE NUMBER

Health,
& Welfare
Public
Service

Registration District No. 267 Primary Registration District No. Registrar's No. 19

S. 3000
v. 1-56

1. PLACE OF DEATH a. COUNTY PEMISCOT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN HAYTI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RTI			Length of stay in lb 3075		d. STREET ADDRESS (If outside, give location) M. I.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALMA Middle - Last BAKER				4. DATE OF DEATH Month 11 Day 22 Year 57				
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-16-1904		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or county) HOLLY GROVE, ARK.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JOHN WRIGHT				14. MOTHER'S MAIDEN NAME UNKNOWN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 260X		17. INFORMANT OLIVER BAKER		Address SAME		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral thrombosis DUE TO (b) Diabetes mellitus DUE TO (c) Hypertensive heart disease 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)							INTERVAL BETWEEN ONSET AND DEATH 3 days N.K. N.K.	
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 11:30 P. Month 11 Day 19 Year 57 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 11-19-57 to 11-22-57 and last saw her alive on 11-22-57 Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Leg. Shiner				22b. ADDRESS m-a. Hayti, Mo.		22c. DATE SIGNED 12-6-57		
23a. BURIAL, CREMATION, or other (Specify) BURIAL	23b. DATE 11-26-57	23c. NAME OF CEMETERY OR CREMATORY CONCORD		23d. LOCATION (City, town, or county) (State) RT 1 HAYTI, MO.				
24. FUNERAL DIRECTOR JOHN W. GERMAN			ADDRESS HAYTI		25. DATE RECD. BY LOCAL REG. 12-7-57		26. REGISTRAR'S SIGNATURE John W. German	

(Licensed Embalmer's Statement on Reverse Side)

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

Securing the medical certification in the specific manner required by 193.140 MOKS 1949.

12-371-57

DEC 10 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 8 1958

DEC 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student

Signature of Student Embalmer

Signed

John H. German

Licensed Embalmer No. 435

P. O. Address *Haystack, N.*

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