

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1793

State File No. _____

FILED JAN 15 1958

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u> Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>EDINA</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EDINA</u> <u>0520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>HETTIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>BAKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>9th</u> <u>1958</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 25, 1875</u>		9. AGE (In years last birthday) <u>82</u>	
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>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EDINA, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM D BISHOP</u>		13b. MOTHER'S MAIDEN NAME <u>MITCHELL</u>	
14. NAME OF HUSBAND OR WIFE <u>SIDNEY F. BAKER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gail Funk</u>		18. ADDRESS <u>Edina, MO</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		DUE TO (c)		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-22</u>	
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)		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>March</u> , 19 <u>57</u> , to <u>Jan 9th</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Jan 8th</u> , 19 <u>58</u> , and that death occurred at <u>1:00 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Francis Tanyolan M.D.</u>		23b. ADDRESS <u>Edina Missouri</u>		23c. DATE SIGNED <u>Jan 10 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11 JAN 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BEE RIDGE</u>	
24d. LOCATION (City, town, or county) (State) <u>S/EAST OF EDINA, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ABORimer</u>		ADDRESS <u>Edina, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 11</u>		REGISTRAR'S SIGNATURE <u>Helen L. Dunolt</u>			

JAN 16 1958

HEALTH

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

A. S. Rimer

Student Embalmer No.

544

working under my personal supervision.

Student

A. S. Rimer

Student Embalmer

Signed

Mrs. J. W. Hudson

Licensed Embalmer No.

2972

P. O. Address

Edina, Mo.

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 this body is not embalmed, fact should be so stated above.