

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008769

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 27 Primary Registration District No. 5089 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Pleasant Gap twp</u> TOWN <u>Yes</u> <u>No</u> <input checked="" type="checkbox"/> <input type="checkbox"/>				c. CITY OR TOWN <u>Rt 5 Butler</u> Inside Limits <u>Yes</u> <u>No</u> <input checked="" type="checkbox"/> <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 5 Butler</u> Length of stay in lb <u>life</u>				d. STREET ADDRESS (If outside, give location) <u>Pleasant Gap twp</u> Reside on Farm <u>Yes</u> <u>No</u> <input checked="" type="checkbox"/> <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>Albert</u> Last <u>Baker</u>				4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-20-1890</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Bates Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wm. A. Baker</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Griffin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490 42 4934</u>		17. INFORMANT <u>Rosalie Baker</u> Address <u>Rt 5 Butler 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>Coronary heart</u> <u>myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>myocardial failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>5810</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</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.) <u>5810</u>					
20c. TIME OF INJURY Hour <u>9 P.M.</u> Month, Day, Year <u>Apr. 2, 1958</u>		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>January 1953</u> to <u>Apr. 2, 1958</u> and last saw him alive on <u>Apr. 1, 1958</u> Death occurred at <u>9 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Carter W. Butler</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Butler Mo</u>		22c. DATE SIGNED <u>4/4/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>4-5-1958</u>		<u>Double Branch Cemetery</u>		<u>Bates Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Culver-Underwood</u> ADDRESS <u>Butler, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Apr. 14-1958</u>		26. REGISTRAR'S SIGNATURE <u>Randall Kossy</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

with, self, etc. must use any standard notation for diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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

*John G. Underwood*

Licensed Embalmer No. 358

P. O. Address *Bentley*

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.