

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010671

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 200Primary Registration District No. 3041Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>		c. CITY OR TOWN <b>Salt River Twsp.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Samaritan Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>3 Mi. NE Shelbina</b>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Owen</b> Last <b>Baker</b>		4. DATE OF DEATH Month <b>April</b> Day <b>2</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 19, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman - State Highway Dept.</b>		11. BIRTHPLACE (City and state or country) <b>Shelby County, Mo.</b>	
13a. FATHER'S NAME <b>Wesley Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Marie Baker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>163X</b>	
17. INFORMANT <b>Mrs. Walter Baker, RFD, Shelbina, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Lung With Metastases</b> 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)	
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.) <b>2</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Macon, Mo.</b>		20f. COUNTY <b>Shelby</b>	
20g. STATE <b>Missouri</b>		20h. DATE SIGNED <b>4/4/58</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <b>Thomas E. Campbell, M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/5/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>		23d. LOCATION (City, town, or county) <b>Shelbina, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hayes Funeral Home, Shelbina, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/7/58</b>	
26. REGISTRAR'S SIGNATURE <b>Keith M. Veeley</b>		27. DATE SIGNED <b>4/4/58</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms were noted.

JUN 20 1958

APR 21 1958

Date Filed

4.58.47  
44-17-58

### 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 Paul S. Hughes .....

Licensed Embalmer No. 4461 .....

P. O. Address Shelbina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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