

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010763

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 227 Primary Registration District No. 5906 Registrar's No. 22

Health, Welfare and Public Service

300
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. 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 <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SOUTH FORK TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R.F.D. PERRY, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. PERRY, MO.</u>		Length of stay in lb <u>30 YRS.</u>		d. STREET ADDRESS (If outside, give location) <u>Side on Farm</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JOE</u> Middle <u>F</u> Last <u>BAKER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>25</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"/>	8. DATE OF BIRTH <u>MARCH 23, 1908</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>
10a.	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>LICKING-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>ENOS - BAKER</u>	14. MOTHER'S MAIDEN NAME <u>YIANA - BAKER</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.
17. INFORMANT <u>FERN BAKER, PERRY-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>Self Inflicted GUNSHOT IN HEAD</u>	INTERVAL BETWEEN ONSET AND DEATH <u>976X</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>9:00</u> Month <u>3</u> Day <u>27</u> Year <u>1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>MONROE CITY, MO</u>	COUNTY <u>MONROE</u>	STATE <u>MISSOURI</u>	21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>9:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>Russell M. Wilson Coroner 3</u>	22b. ADDRESS <u>Monroe City, Mo</u>	22c. DATE SIGNED <u>4/2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/27/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LICK CREEK CEMETERY, PERRY-MO.</u>	23d. LOCATION (City, town, or county) (State) <u>PERRY-MO.</u>	24. FUNERAL DIRECTOR <u>Clyde C. Wilkey, Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-2-58</u>	26. REGISTRAR'S SIGNATURE <u>F. O. Barnett M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1958

MAY 2 1958

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 *Clyde L. Wick*

Licensed Embalmer No. *38*

P. O. Address *Permy*

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.