

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014025

STATE FILE NUMBER

FILED MAY 2 1958		Registration District No. 143		Primary Registration District No. 4557		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pomona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Willow Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auto Accident		Length of stay in 1b		d. STREET ADDRESS Rt.#2 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Clarence LeRoy BAKER				4. DATE OF DEATH Month April Day 24 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 23, 1934	
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 5 Days 1 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in Store		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texas County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Roy T. Baker				14. MOTHER'S MAIDEN NAME Mable Brittell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) National Guard		16. SOCIAL SECURITY NO. 500-36-9355		17. INFORMANT Address Mrs. Geneva Jo Baker, Willow Spgs., Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of head & neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) 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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" 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.) Auto accident on Hgw.#63 at Pomona, Mo.					
20c. TIME OF INJURY Hour Month, Day, Year a. m. 4-24-58 p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Hgw.#63		20f. CITY, TOWN, OR LOCATION Pomona, Howell, Mo.		COUNTY Howell STATE Mo.	
21. I attended the deceased from 4-24-58 3PM to 4-25-58 and last saw her alive on 4-25-58 Death occurred at 4-24-58 3PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lois A. Davis - Acting Promoter West Plains Mo.				22b. ADDRESS West Plains Mo.		22c. DATE SIGNED 4/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-27-58		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
24. FUNERAL DIRECTOR Burns, Willow Springs, Mo.				25. DATE RECD. BY LOCAL REG. 4/26/58		26. REGISTRAR'S SIGNATURE Marthee Ballard	

(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

MEDICAL CERTIFICATION

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..... J. C. Burns.....
Licensed Embalmer No. 3379

P. O. Address Willow Spg

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.