

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019100

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 239 Primary Registration District No. 4376 Registrar's No. 13

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 <b>New Madrid</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Parma</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Parma</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) <b>Harry Baker</b>			4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>cauc.</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>March 6, 1885</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Loganport Ind.</b>	
13. FATHER'S NAME <b>Charles Baker</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
14. MOTHER'S MAIDEN NAME <b>Susan Hester</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>none</b>			17. INFORMANT <b>Mae Baker</b> Address <b>Parma 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>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour <b>4:45</b> Month, Day, Year <b>April 1958</b>					
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 <b>Parma, Mo.</b>	
21. I attended the deceased from <b>April 1958</b> to <b>April 1958</b> and last saw <b>him</b> alive on <b>May 4, 1958</b> . Death occurred at <b>4:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Dr. Geo. W. Husted, M.D.</b>			22b. ADDRESS <b>Parma, Mo.</b>		22c. DATE SIGNED <b>5/6/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>May 6 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bernie Mo.</b>
24. FUNERAL DIRECTOR <b>Watkins Funeral Serv.</b> ADDRESS <b>Parma Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5/6/58</b>		26. REGISTRAR'S SIGNATURE <b>Dr. Geo. W. Husted, M.D.</b>

VS  
AUG 23 1961

DATE RECEIVED MAY 16 1958  
NEW MADRID CO. HEALTH CENTER  
E. S.

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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 Wm. H. W. [Signature]

Licensed Embalmer No. 47

P. O. Address Center

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.