

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-021367

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No.

93

Primary Registration District No.

4153

Registrar's No.

58-43

1. PLACE OF DEATH a. COUNTY <i>Dade</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lockwood</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial</i> Length of stay in lb <i>14 days</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lawrence</i> c. CITY OR TOWN <i>Lockwood</i> <i>6550</i> d. STREET ADDRESS (If outside, give location) <i>A.P.O. 3</i> Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First <i>Thomas</i> Middle <i>Leonard</i> Last <i>Baker</i>			4. DATE OF DEATH Month <i>5</i> Day <i>30</i> Year <i>1958</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <i>3-24-1885</i>	9. AGE (In years last birthday) <i>73</i> IF UNDER 1 YEAR Months <i>2</i> Days <i>6</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		
10b. KIND OF BUSINESS OR INDUSTRY <i>L</i>			11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Richard M. Baker</i>			14. MOTHER'S MAIDEN NAME <i>Louisa Sherrick</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no.</i> (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>497-40-8024</i>		17. INFORMANT <i>Mrs. Alma Baker</i> Address <i>Lockwood Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pericarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Malignancy with metastases</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4343 H</i>		
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i></i>					
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i></i>		20f. CITY, TOWN, OR LOCATION <i></i>		COUNTY <i></i>			
20g. STATE <i></i>		21. I attended the deceased from <i>5-10-1958</i> to <i>5-30</i> and last saw him alive on <i>5-29-58</i> Death occurred at <i>8:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>T. D. Combs</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Lockwood Mo</i>		22c. DATE SIGNED <i>6-1-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-1-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Pennsboro</i>			
23d. LOCATION (City, town, or county) <i>N. of Miller Mo</i>		(State) <i></i>		24. FUNERAL DIRECTOR <i>Monroe Seiman</i> ADDRESS <i>Miller Mo.</i>			
25. DATE RECD. BY LOCAL REG. <i>6-18-1958</i>		26. REGISTRAR'S SIGNATURE <i>J. C. Canada</i>					

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
 300-56
 Director, 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.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

6661-1 add SA

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.....
Licensed Embalmer No. 32

P. O. Address Miller

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.