. Health,
& Welfare
. Public
h Service

S.-300
. 1-57
780

FILED JUL 30 1958

THE DIVIS F HEALTH OF MISSOURI

STANDARD C TIFICATE OF DEATH

58-026425
STATE FILE NUMBER

Registration District No. 222 Primary Registration District No. 4357 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Pemiscot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cooter — Inside Limits Yes X No	c. CITY OR TOWN Cooter — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cooter — Length of stay in 1b: 5 Yrs.	d. STREET ADDRESS Cooter (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: Marion Middle: Jessie Last: Baker			4. DATE OF DEATH Month Day Year: July 7, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH: July 17, 1889
9. AGE (In years last birthday): 68	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming-Renter	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Ayers, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: J.D. Baker	13b. MOTHER'S MAIDEN NAME: Margaret Gossett	14. NAME OF HUSBAND OR WIFE: Bertha Riley Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 498 40 2586	17. INFORMANT: Raymond Baker	Address: Cooter, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) 4200
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 NO 0

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-7-58 to 7-7-58 and last saw her him alive on 7-7-58
Death occurred at 12:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) — 22b. ADDRESS — 22c. DATE SIGNED 7-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: July 9,1958 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — 23d. LOCATION (City, town, or county) (State): Steele, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.S.Smith Funeral Home C'ville.Mo. — 25. DATE RECD. BY LOCAL REG.: 7-21-59 — 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1958

AUG 4 1958

JUL 28 1958

HOUSE ... DEPARTMENT
CARUTHERSVILLE, MD.
PHONE 79

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 W.D. .....
Signature of Student Embalmer

Signed W. Denver Fike .....

Licensed Embalmer No. 4484

P. O. Address Caruthersville

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.