

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029748
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COMO TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MALDEN 07200 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MILES EAST Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2 MILES EAST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last NELL ELIZABETH BAKER			4. DATE OF DEATH Month Day Year AUG. 17 1958
5. SEX Female	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 APRIL 8, 1893
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 4 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) CARIN ROCH, ILL. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GEORGE RALPH	
13b. MOTHER'S MAIDEN NAME ELIZABETH		14. NAME OF HUSBAND OR WIFE THOMAS F. BAKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address THOMAS F. BAKER MALDEN, 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) Broncho-pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Bone with Metastases DUE TO (c) 1969			INTERVAL BETWEEN ONSET AND DEATH 36 hours 23 months
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"/> 2
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 _____ to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at 6:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Charles Williams M.D.		22b. ADDRESS 126 W. Main, Malden, Mo.	22c. DATE SIGNED 21 Aug 58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/19/58	23c. NAME OF CEMETERY OR CREMATORY SIKESTON CEMETERY	23d. LOCATION (City, town, or county) (State) SIKESTON MO.
24. FUNERAL DIRECTOR ADDRESS D & K. FUNERAL HOME MALDEN, MO		25. DATE RECD. BY LOCAL REG. 8/23/58	26. REGISTRAR'S SIGNATURE Dr. Gersh Hunted

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED SEP 3 1958
NEW MADRID CO. HEALTH CENTER



P. J. L.

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. L. Schuman

Licensed Embalmer No. 4086
P. O. Address Madden

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.