

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031444

State File No. ....

0 990

FILED SEP 2 1958

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6103 Registrar's No. 181

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Johnson</b>		c. LENGTH OF STAY (In this place) <b>entire life</b>	
c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Baker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 20 1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>August 21, 1874</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Joseph Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline Lockport</b>	
14. NAME OF HUSBAND OR WIFE <b>Burley Baker</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>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Waltham Miller</b> ADDRESS <b>Granger, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central vascular accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronal atherosclerosis</b> <b>5 years</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331 X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Aug 10</b> , 19 <b>58</b> , to <b>Aug 17</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>Aug 17</b> , 19 <b>58</b> , and that death occurred at <b>5:40 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE OF REGISTRAR (Type or Print) <b>J. J. W. ...</b>		23b. ADDRESS <b>Kennett, Iowa</b>	
23c. DATE SIGNED <b>Aug 23-58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug. 23-58</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Mt. Moriah Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Scotland County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur ...</b> ADDRESS <b>Manly, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-25-58</b>		REGISTRAR'S SIGNATURE <b>Vera ...</b>	

**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 *Albert C Gerth* .....

Licensed Embalmer No. *K* .....

P. O. Address .....

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.