

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031709
State File No.

FILED SEP 23 1958

BIRTH NO. _____		REG. DIST. NO. <u>32</u>	PRIMARY REG. DIST. NO. <u>4042</u>	Registrar's No. <u>60</u>
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutesville</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Lutesville</u> <u>0090</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAVID</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>BAKER</u>
4. DATE OF DEATH (Month) (Day) (Year)		<u>Sept. 14 1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1890</u>	9. AGE (In years) (If UNDER 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>67</u> <u>8</u> <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired tool maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Scottville, Michigan</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Frank Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Sheaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Baker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>373-10-1235</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. J. Baker</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS <u>Lutesville, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>COR PULMONARIA</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>OBSTRUCTIVE EMPHYSEMA</u>		
DUE TO (c) <u>INTRINSIC ASTHMA</u>		DUE TO (c) <u>INTRINSIC ASTHMA</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Generalized arteriosclerosis</u>		
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) <u>241X</u>
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 <u>July 5, 1958</u> to <u>Sept 14, 1958</u> , that I last saw the deceased alive on <u>9/13, 1958</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes, and on the date stated above.				
23a. SIGNATURE <u>D. Bruce W.</u>		23b. ADDRESS <u>Marble Hill, Mo.</u>		23c. DATE SIGNED <u>9/15/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bakers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/18/58</u>		REGISTRAR'S SIGNATURE <u>Miss Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>
				ADDRESS <u>Lutesville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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. E. Graham*.....

Licensed Embalmer No. *4010*.....

P. O. Address *Linton, N.C.*.....

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.