

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033640

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 251

Primary Registration District No. 4370

Registrar's No. 218

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clearmont</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clearmont</b> <sup>6740</sup>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own home</b>		Length of stay in lb <b>53 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>none</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>JESS</b> Middle <b>GRAMA</b> Last <b>BAKER</b>			4. DATE OF DEATH Month <b>9</b> Day <b>22</b> Year <b>58</b>			
--	--	--	---	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11/17/81</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
--------------------	-------------------------------	---	----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith-retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>	11. BIRTHPLACE (City and state or country) <b>Clearmont, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	---

13a. FATHER'S NAME <b>George Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Stoner</b>	14. NAME OF HUSBAND OR WIFE <b>Jennie Frakes 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>none</b>	17. INFORMANT <b>Mrs. Jennie Baker, Clearmont, Mo.</b>	Address
---	-------------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Arterial Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral Arteriosclerosis</b>		<b>years</b>
	DUE TO (c) <b>332X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility - Gen Arteriosclerosis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <b>10:50</b> a.m. <b>A.</b> Month <b>10</b> Day <b>5</b> Year <b>58</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Elmo, Missouri</b>	COUNTY	STATE
---	---	--	--	--------	-------

21. I attended the deceased from <b>Mar 5-1945</b> to <b>9/22/58</b> and last saw <sup>him</sup> <b>alive on</b> <b>Sept 21-58</b> Death occurred at <b>10:50 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <b>Harold D. O.</b> (Degree or title) <b>2</b>	22b. ADDRESS <b>Elmo, Missouri</b>	22c. DATE SIGNED <b>10/6/58</b>
---	------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/25/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clearmont</b>	23d. LOCATION (City, town, or county) (State) <b>Clearmont, Missouri</b>
---	--------------------------	---	--

24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Beas Bolt</b>
--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 14 1958

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 *Curtis E. Kinsley* .....

Licensed Embalmer No. *4956* .....  
P. O. Address *Marysville, M* .....

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.