

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035420

STATE FILE NUMBER

FILED NOV 6 1958

Registration District No.

25

Primary Registration District No.

4036

Registrar's No.

27

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill Mo.		c. CITY OR TOWN Rich Hill Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 8 1/2 Mo.	
3. NAME OF DECEASED (Type or print) Floyd Harry Baker		4. DATE OF DEATH Month Oct Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Jan 28 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Farm Imp Co.	
11. BIRTHPLACE (City and state or country) Bates Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Z Baker		13b. MOTHER'S MAIDEN NAME Alice Hall	
14. NAME OF HUSBAND OR WIFE Phila Baker		Address Rich Hill Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Phila Baker		Address Rich Hill 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) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchogenic Ca Rt Lung DUE TO (c) & metastasis to Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 Days 15 Mos. 1621
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 11:17 AM Month July Day 1958 Year 1958		20d. INJURY OCCURRED WHILE AT ☐ 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 Rich Hill Missouri	
21. I attended the deceased from Death occurred at July 1958 to Oct 28 and last saw her alive on Oct 27		22a. SIGNATURE Thomas F. Boyd DO.	
22b. ADDRESS Rich Hill Missouri		22c. DATE SIGNED 10-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-31-58	
23c. NAME OF CEMETERY OR CREMATORY Double Branches		23d. LOCATION (City, town, or county) Bates Co. Missouri	
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5-1958	
26. REGISTRAR'S SIGNATURE Mrs. Edna Douglas			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

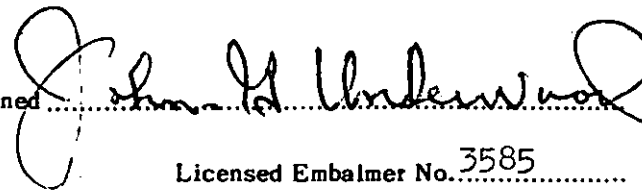
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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



Licensed Embalmer No. 3585

P. O. Address Butler Mo.

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.