ot. Health,
., & Welfare
S. Public
lth Service

. S. 300
v. 1-57

04 11
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036148
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Reid Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1024 S 21 St — Reside on Farm Yes [ ] No [X]

04 11
0

3. NAME OF DECEASED (Type or print) First Middle Last: Samuel Henry Baker

4. DATE OF DEATH Month Day Year: 10-12-1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH: 8-14-1873
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Harrison County Mo
12. CITIZEN OF WHAT COUNTRY? U. S

13a. FATHER'S NAME: Wesley Cord Baker
13b. MOTHER'S MAIDEN NAME: Sarah Ann Glaze
14. NAME OF HUSBAND OR WIFE: Emma Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 497-12-2787
17. INFORMANT: Emma Baker — Address: Bethany Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs
DUE TO (c) 4200
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 [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 COUNTY STATE

21. I attended the deceased from 9-12-58, to 10-12-58 and last saw ~~her~~ him alive on 10-12-58
Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G H Kroeger. D.O. 2
22b. ADDRESS: Bethany, Mo.
22c. DATE SIGNED: 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-14-1958
23c. NAME OF CEMETERY OR CREMATORY: Glaze
23d. LOCATION (City, town, or county) (State): Cainsville Mo

24. FUNERAL DIRECTOR: M B Haas — ADDRESS: Bethany Mo
25. DATE RECD. BY LOCAL REG.: 10-13-58
26. REGISTRAR'S SIGNATURE: Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

47
0

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. 3899

P. O. Address Bethany, 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.