

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037075

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 700

Primary Registration District No. 3041

Registrar's No. 90

5-300
1-57
511
0

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Macon</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Macon</i> | | c. CITY OR TOWN <i>Macon</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Samaritan Hosp.</i> | | d. STREET ADDRESS (If outside, give location) <i>R.R. # 3</i> | |
| 3. NAME OF DECEASED (Type or print) First <i>Sarah</i> Middle <i>Jane</i> Last <i>Baker</i> | | 4. DATE OF DEATH Month <i>Oct.</i> Day <i>9</i> Year <i>1958</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Nov. 19, 1931</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>No</i> | 9. AGE (In years last birthday) <i>26</i> |
| 11. BIRTHPLACE (City and state or country) <i>Macon, Mo.</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Cecil Duckworth</i> | | 13b. MOTHER'S MAIDEN NAME <i>Glady's Hall</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>Warren Baker</i> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | |
| 16. SOCIAL SECURITY NO. <i>No.</i> | | 17. INFORMANT <i>Warren Baker</i> Address <i>Macon, Mo.</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Severe 2nd & 3rd degree Burn</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 9160 16 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>asthenic individual</i> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) <i>Starting fire in stove with inflammable liquid</i> | | |
| 20c. TIME OF INJURY Hour <i>9:00</i> Month <i>Sept</i> Day <i>27</i> Year <i>1958</i> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i> | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <i>Macon</i> COUNTY <i>Macon</i> STATE <i>Missouri</i> | | |
| 21. I attended the deceased from <i>8-7 Sept 58</i> to <i>9-Oct 58</i> and last saw her alive on <i>9 Oct 58</i> Death occurred at <i>9:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Donald E Eggleston M.D.</i> (Degree or title) | | 22b. ADDRESS <i>Macon, Missouri</i> | |
| 22c. DATE SIGNED <i>11 Oct 58</i> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | |
| 23b. DATE <i>Oct. 11, 1958</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Tabor Cem.</i> | |
| 23d. LOCATION (City, town, or county) <i>Atlanta, Mo.</i> | | 23e. STATE <i>Mo.</i> | |
| 24. FUNERAL DIRECTOR <i>Lester Hillman</i> | | 25. DATE RECD. BY LOCAL REG. <i>10/13/58</i> | |
| 26. REGISTRAR'S SIGNATURE <i>Ruth M. Neely</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, Missouri State Health Department, St. Louis, Mo. All diseases in Part I must be causally related.

Date Filed 10/21/58

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 *Charles L. Hutto*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.