

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038592
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 71

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| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter Liberty Twp. | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Dexter | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 1030 Route 1 | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Andrew Middle Jackson Last Baker | 4. DATE OF DEATH Month Oct. Day 3, Year 1958 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 4, 1880 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Bloomfield, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joseph Baker | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Alice Baker |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. XXXXXXXXXX | 17. INFORMANT Alice Baker Address Dexter, Mo. R. 1 |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure | | INTERVAL BETWEEN ONSET AND DEATH Approx. one wk. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypostatic Pneumonia | |
| | DUE TO (c) Viral Infection | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF Prostate | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1/2 |
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| 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.) 492XH |
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| 20c. TIME OF INJURY Hour 1:00 A Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RT. #1 Dexter Stoddard Mo. | 20f. CITY, TOWN, OR LOCATION RT. #1 Dexter Stoddard Mo. | COUNTY Stoddard | STATE MO. |
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| 21. I attended the deceased from 9-28-58 only and last saw him alive on 9-28-58 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE J.A. McCann (Degree or title) D.O. | 22b. ADDRESS Br. 482 Bernic, Mo. | 22c. DATE SIGNED 10-7-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 10-5-58 | 23c. NAME OF CEMETERY OR CREMATORY Bloomfield cemetery | 23d. LOCATION (City, town, or county) (State) Bloomfield, Mo. |
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| 24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo. | 25. DATE RECD. BY LOCAL REG. 10-13-58 | 26. REGISTRAR'S SIGNATURE Delmar D. Jenkins |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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 Mark W. Walker

Licensed Embalmer No. 4717

P. O. Address Des Moines, Ia.

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.