

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039659  
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Man Hosp</u>		Length of stay in lb <u>12 hr.</u>	d. STREET ADDRESS (If outside, give location) <u>1121 S 15th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Curtis Burnham Baker</u>			4. DATE OF DEATH Month Day Year <u>11-7-1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days Hours Min. <u>1 21</u>
11. BIRTHPLACE (City and state or country) <u>State of Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Oliver Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Galloway</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha O. Baker</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-36-4193</u>		17. INFORMANT Address <u>Martha Baker Bethany Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANTERIOR MYOCARDIAL INFARCTION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ACUTE CORONARY OCCLUSION</u> DUE TO (c) <u>HYPERTENSIVE CARBIOVASCULAR DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>OBESITY</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u> <u>12 HRS.</u> <u>YEARS</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov. 6, 1958</u> to <u>Nov. 7, 1958</u> and last saw him alive on <u>Nov. 7, 1958</u> Death occurred at <u>10:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Albert H. Dribbe M.D.</u>		22b. ADDRESS <u>Bethany Mo.</u>	
22c. DATE SIGNED <u>11-9-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-9-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Burns</u>	
23d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>MBHass Bethany Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>11-10-1958</u>		26. REGISTRAR'S SIGNATURE <u>Gella Mapey</u>	

(If Embalmer's Statement on Reverse Side)

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 MSH .....

Licensed Embalmer No. 3899 .....

P. O. Address Bethany, Md .....

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.