

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001587

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gashland 6 over c
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 E. College Crestview N.H.		Length of stay in lb 2 Yrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mrs. Stella Middle P. Last Baker			4. DATE OF DEATH Month January Day 9 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26, 1869
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Barry, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIF (Deceased) Mr. Fred Baker	
13a. FATHER'S NAME James Parrish		13b. MOTHER'S MAIDEN NAME Mary Jane Chevis	
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. None	
17. INFORMANT Mr. Frank R. Williams-Gashland, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ 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 Nov. 15, 1958 to Jan. 9, 1959 and last saw her alive on Jan. 8, 1959 Death occurred at 745 a _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In green or blue ink) Norman Abraham MD		22b. ADDRESS Independence Mo.	22c. DATE SIGNED Jan. 10, '59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-11-1959	23c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Green Ridge, Missouri
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-No. Kansas City Mo.		25. DATE RECD. BY LOCAL REG. 1-11-59	26. REGISTRAR'S SIGNATURE James S. King

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

MAKERS

FEB 27 1959

VS DEC 1 1960

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 *Blair H. Rice*

Licensed Embalmer No. *4586*
P. O. Address *K.C. 16, 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.