

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

79-002696
STATE FILE NUMBER
2
693

300
-57
965

B 4 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Portageville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS R. R. # 3	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
Louis			January 17, 1959		

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 March 7, 1876	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	---	----------------------

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

13a. FATHER'S NAME Peter Baker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fannie Baker
-----------------------------------	--------------------------------------	---

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 Fannie Baker, Portageville, Mo.
---	---------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac De-compensation		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease		1 yr.
	DUE TO (c) 420.0		
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? 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

21. I attended the deceased from 14 Jan 59 to 17 Jan 59 and last saw ^{her} _{him} alive on 16 Jan 59
Death occurred at 3:00 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard G. Stoner, M.D.	(Degree or title)	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 19 Jan 59
---	-------------------	---------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-17-59	23c. NAME OF CEMETERY OR CREMATORY Dry Bayou Cemetery	23d. LOCATION (City, town, or county) Hayti, Mo.
--	----------------------	--	---

24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 20 59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
--	---------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 FEB 4

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 *Robert M. Murray*
Licensed Embalmer No. *3749*
P. O. Address *St. Louis*

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.