.300
.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1959

State File No. 59-004196

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Cass twp.
c. LENGTH OF STAY (In this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Cass twp.
d. STREET ADDRESS (If rural, give location): 7½ Mi. NE Cabool

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): LEE
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): 1-24-59

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7-2-1918
9. AGE (In years last birthday): 40 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): store clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Akron, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ira Babbitt
13b. MOTHER'S MAIDEN NAME: Ruth Branstetter
14. NAME OF HUSBAND OR WIFE: Earl Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Earl Baker, Rt. 2, Cabool, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinomatosis — 3 mo
DUE TO (c) Primary carcinoma of stomach — 6 mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1S1x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan 18, 1949, *to* Jan 23, 1959, *that I last saw the deceased alive on* Jan 23, 1959, *and that death occurred at* 4:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Burns, MD
23b. ADDRESS: Houston, Mo
23c. DATE SIGNED: 1-27-59

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-26-59
24c. NAME OF CEMETERY OR CREMATORY: Cabool Cemetery
24d. LOCATION (City, town, or county) (State): Cabool, Missouri

DATE REC'D BY LOCAL REG.: 1-28-59
REGISTRAR'S SIGNATURE: Gaynell Cunningham
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James Gentry, Cabool, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed James Henley

Licensed Embalmer No. 4718

P. O. Address Cabool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.