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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012249

FILED MAY 6 1959

Registration District No.

27

Primary Registration District No.

300

STATE FILE NUMBER

Registrar's No.

50

1. PLACE OF DEATH

a. COUNTY

Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Missouri

b. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Butler

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Butler RFD #5 0070

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Butler Memorial Hosp. 2 wks.

Length of stay in lb

d. STREET

(If outside, give location)

Pleasant Gap Twp.

Reside on Form

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Chas.

Middle

Z.

Last

Baker

4. DATE

Month

Day

Year

OF
DEATH

April 19

1959

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Nov. 8 1877

9. AGE (In years

to birthday)

108

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

(During most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (City and state or country)

Bates Co Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Baker

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Loma Baker-Butler Mo

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

Address

Loma Baker Rt #5 Butler 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)

Cerebral & spinal accident

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Gen'l. arteriosclerosis.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Uremia.

331X

19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF
INJURY

Hour Month, Day, Year

a.m.

p.m.

None

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK20e. PLACE OF INJURY (e.g., in or about home,
factory, street, office bldg., etc.)

None

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/10/59

to

4/18/59

and last saw him alive on

4/19/59

Death occurred at

1:35 PM

on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Butler Missouri

22c. DATE SIGNED

4/20/59

23a. BURIAL, CREMATION,

RECOGNITION (Specify)

Burial

23b. DATE

Apr 22/1959

23c. NAME OF CEMETERY OR CREMATORY

Double Branches

23d. LOCATION (City, town, or county)

Butler Mo Rt #5

(State)

24. FUNERAL DIRECTOR

ADDRESS

Culver Underwood Butler Missouri

25. DATE RECD. BY LOCAL REG.

Apr 22 1959

26. REGISTRAR'S SIGNATURE

Rendall Perry

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

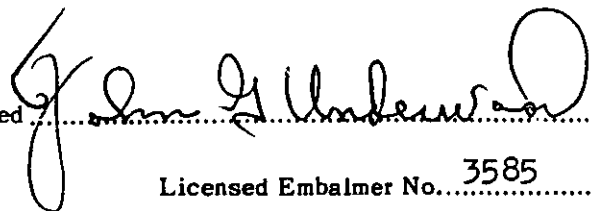
MEDICAL CERTIFICATION

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



Licensed Embalmer No. 3585

P. O. Address...Butler Missouri

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.