

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017511

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 138 Primary Registration District No.

Registrar's No. 21

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HICKORY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HICKORY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cross Timbers		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cross Timbers 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.S. Highway 65		Length of stay in 1b minutes	d. STREET ADDRESS 043 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IVA Middle JANE Last BAKE			4. DATE OF DEATH Month May Day 15 Year 1959
5. SEX FEMALE	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 JUNE 13, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	10. CITIZEN OF WHAT COUNTRY? U.S.A
11a. FATHER'S NAME Riley MILLER		11b. MOTHER'S MAIDEN NAME SARAH PITTS	11. NAME OF HUSBAND OR WIFE Simmie D. Bake
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO. NONE	12. INFORMANT Simmie D. Bake Cross Timbers, Mo
13. CAUSE OF DEATH (No more than one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (c), stating the underlying cause last. DUE TO (b) Extradural Hematoma - fracture of right temporal bone			5 min
DUE TO (c) Automobile accident			5 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE terminal disease condition given in PART I (a)			13. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
14. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		14. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pedestrian hit by moving pickup truck	
15. TIME OF INJURY 3:30 pm		15. DATE OF INJURY 5-15-59	
16. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		16. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway	
17. CITY, TOWN, OR LOCATION Cross Timbers, Mo.		17. COUNTY Hickory, Mo.	
18. I attended the deceased from Dead on arrival and last saw her/him alive on Dead on arrival Death occurred at 3:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
19. SIGNATURE H. R. Easton		19. ADDRESS W 2	
20. SIGNATURE H. R. Easton		20. ADDRESS W 2	
21. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		21. DATE MAY 18, 1959	
22. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		22. LOCATION (City, town, or county) (State) Pittsburg Hickory Co, Mo	
23. FUNERAL DIRECTOR John F Reser		23. ADDRESS Warsaw	
24. DATE RECD. BY LOCAL REG. MAY 21, 1959		24. REGISTRAR'S SIGNATURE May Johnson	

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 *John F. Piser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.