

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020065  
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 1

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1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cambridge Township</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12 Mi NW Slater Mo</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>8 Mi SE Gilliam Mo</b>
3. NAME OF DECEASED (Type or print) First <b>Ambrose</b> Middle <b>David</b> Last <b>Baker</b>		4. DATE OF DEATH Month <b>June</b> Day <b>1</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 8, 1907</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>51</b> Days	IF UNDER 24 HRS. Hours <b>51</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or county) <b>Chamois, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andrew Baker</b>	
13b. MOTHER'S MAIDEN NAME <b>Annie Pointer</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-40-3241</b>	17. INFORMANT Address <b>Mrs. Robert Berry Osage Beach, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowned While fishing.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Just</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>85CX</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>42</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Boat upset 097</b>		
20c. TIME OF INJURY Hour <b>11</b> Month <b>June</b> Day <b>1st</b> Year <b>59</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Cambridge Saline Mo</b>		
20e. CITY, TOWN, OR LOCATION <b>Cambridge Saline Mo</b>	20f. CITY, TOWN, OR LOCATION <b>Cambridge Saline Mo</b>		
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Saline of Mo. River Cambridge Saline Mo</b>		
21. I attended the deceased from <b>made investigation 6-2-59</b> and last saw her alive on <b>6-1-59</b> Death occurred at <b>11 AM, 6-1-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>P. L. Lawless M.P. Coroner Saline Co 3</b>		22b. ADDRESS <b>Marshall Mo</b>	
22c. DATE SIGNED <b>6-2-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>	23d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
24. FUNERAL DIRECTOR <b>Haines Funeral Home Slater, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June-6-1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Raymond Brune</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

JUN 1 1952

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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 *Guy F. Hayes Jr.* .....

Licensed Embalmer No. *4630* .....  
P. O. Address *Slater, 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.