

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024164

FILED VS AUG 3 1959 42

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 742

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Meth. Hospital		d. STREET ADDRESS (If outside, give location) 1527 Henry Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Raymond Middle W. Last Baker			4. DATE OF DEATH Month July Day 22 Year 1959		
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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 Aug. 18, 1898	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Inventory clerk	10b. KIND OF BUSINESS OR INDUSTRY Ayers Auto Supply	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Abijah Melvin Baker	13b. MOTHER'S MAIDEN NAME Eunice Victoria Richardson	14. NAME OF HUSBAND OR WIFE Erma Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 491-10-2076	17. INFORMANT Address Mrs. Erma Baker St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma generalized		INTERVAL BETWEEN ONSET AND DEATH 6 mo
DUE TO (b) Carcinoma of Throat (Epidemioid type)		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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
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21. I attended the deceased from **July 57** to **July 59** and last saw him alive on **7-22-59**
Death occurred at **2:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Design or title) J. F. Motherhead	21b. ADDRESS 26037 Piedmont	21c. DATE SIGNED 7-27-59
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22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE July 25, 1959	22c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	22d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Smierhoffer Fleeman, Inc. St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 28, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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DOCUMENT

BY AFFIDAVIT OF CERTIFICATION
J. F. Motherhead (M.D.)

1959 AUG 6

SEP 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Albert C. Harrison*

Licensed Embalmer No. *3268*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to conform 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.