

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025906

FILED VS AUG 6 1959

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 127 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ATLANTA</u>		Length of stay in 1b	c. CITY OR TOWN <u>ATLANTA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>J.</u> Last <u>BAKER</u>			4. DATE OF DEATH Month <u>7</u> Day <u>24</u> Year <u>1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-28-1888</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>PLATO-Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William BAKER</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHRONIA BURTON</u>		14. NAME OF HUSBAND OR WIFE <u>Letha Pearl BAKER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-42-0885</u>	17. INFORMANT Address <u>Letha Pearl BAKER - ATLANTA, MO</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 yr</u>
IMMEDIATE CAUSE (a) <u>Congenital Heart Failure</u>		
DUE TO (b) <u>Isch Heart Failure</u>		
DUE TO (c) <u>Arteriosclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Glomerulonephritis - Uremia P.</u>		
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		

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.)
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 <u>Atlanta Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>July 14 1958</u> to <u>July 24 1959</u> and last saw him alive on <u>July 24 1959</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>L. Woodward</u>		22b. ADDRESS <u>Atlanta Mo</u>	22c. DATE SIGNED <u>7-26-59</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-26-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. TABOR</u>	23d. LOCATION (City, town, or county) (State) <u>ATLANTA - MO</u>
24. FUNERAL DIRECTOR <u>Theo H. Goodding - ATLANTA, MO</u>		25. DATE RECD. BY LOCAL REG. <u>7/27/59</u>	26. REGISTRAR'S SIGNATURE <u>Carl Muealy</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Thos H Goodding, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thos H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta,

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.