

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59-031336

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>KIRKSVILLE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KOH NURSING HOME #2</u>		d. STREET ADDRESS (If outside, give location) <u>1013 E. WASHINGTON</u>	

3. NAME OF DECEASED (Type or print) <u>JEANETTE A. BAKER</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>22</u> Year <u>1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 6, 1912</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>HURDLAND, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ADAM FOX</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE JOLLIFF</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN J. BAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>J.A. BAKER</u> Address <u>1013 E. WASH. KIRKSVILLE, 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
IMMEDIATE CAUSE (a) <u>Medullary Failure</u>			<u>hours</u>
DUE TO (b) <u>Cerebral Thrombosis</u>			<u>days</u>
DUE TO (c) <u>Cerebral Arteriosclerosis</u>			<u>years.</u>
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 COUNTY STATE
21. I attended the deceased from <u>Jan 1 1956</u> to <u>Sept 22, 1959</u> and last saw her <u>alive</u> on <u>Sept 21, 1959</u> Death occurred at <u>3:20</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>		22b. ADDRESS <u>Kirksville</u>		22c. DATE SIGNED <u>9-23-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	23d. LOCATION (City, town, or county) (State) <u>HURDLAND Mo.</u>	
24. FUNERAL DIRECTOR <u>W. R. Rogers, Bradshaw, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

GEORGE H. SCHURER, D.O.

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 KELLEY ROGERS Student Embalmer No. 580

working under my personal supervision.

Student Kelley Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4450

P. O. Address Edin, W.

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