# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031424
STATE FILE NUMBER

FILED VS SEP 23 1959

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 59

IDED

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville
Length of stay in 1b: 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Ancell
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First OBEDIENCE Middle ELIZABETH Last BAKER

4. DATE OF DEATH: Month Sept Day 12 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Jan 28 1865

9. AGE (last birthday): 94
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (City and state or country): Tennessee

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Walker

13b. MOTHER'S MAIDEN NAME: Ruthie Harrison

14. NAME OF HUSBAND OR WIFE: R.B. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Bond (Bond Nursing Home) Address: Lutesville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Acute Circulatory Failure | acute |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Myocardial Damage | 30 days. |
| DUE TO (c) | Arteriosclerosis | Chronic |

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. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none

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 ☐ NOT WHILE AT WORK ☐

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 Sept. 5, 1959, to Sept. 12 1959 and last saw her alive on Sept. 10, 1959

Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Preston, D.O.

22b. ADDRESS: Lutesville Mo

22c. DATE SIGNED: 9-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/14/59

23c. NAME OF CEMETERY OR CREMATORY: Lightner Cem.

23d. LOCATION (City, town, or county) (State): Illmo, Missouri

24. FUNERAL DIRECTOR: Bugling Hoffmann Funeral Home ADDRESS: Illmo, Mo

25. DATE RECD. BY LOCAL REG.: 9-17-59

26. REGISTRAR'S SIGNATURE: Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**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 Allen C Smith

Licensed Embalmer No. 4476

P. O. Address Selma,

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