

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031589

FILED VS SEP 21 1959 43

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 412 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	Length of stay in 1b 2 wks.	c. CITY OR TOWN Bloomfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ---

3. NAME OF DECEASED (Type or print) First GEORGE Middle -- Last BAKER			4. DATE OF DEATH Month Aug. Day 17, Year 1959	
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5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Crop farming	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jacob Baker	13b. MOTHER'S MAIDEN NAME Betty	14. NAME OF HUSBAND OR WIFE Deceased
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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) No.	16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Mrs. Arthur MaGee, Bloomfield, 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		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis -	3 day
DOE TO (b)	Arterio Sclerosis and	
DOE TO (c)	Encephalomalacia -	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia.		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 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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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 **4 Sept 1959** to **17 Aug 1959** and last saw him alive on **17 Aug 1959**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (C.F.) Prosherman MD	(Degree or title)	22b. ADDRESS 321 Oak Poplar Bluff Mo	22c. DATE SIGNED 28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 20-59	23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.	23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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24. FUNERAL DIRECTOR CHILES UND.CO., BLOOMFIELD, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9/9/59	26. REGISTRAR'S SIGNATURE R. M. Muehle
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 9 1930

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 Lulu Cooper # 3499, Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____

Signature of Student Embalmer

Signed Lulu B Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, I

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.