

FILED VS. OCT 27 1959 53

3010

379

STATE FILE NUMBER

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

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau | | Length of stay in lb 3 Days | c. CITY OR TOWN Lutesville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Andrew Middle J. Last Baker | | | 4. DATE OF DEATH Month Oct Day 19 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 type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 5 1885 | 9. AGE (last birthday) 74 | 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) Funeral Director | 10b. KIND OF BUSINESS OR INDUSTRY Mortuary | 11. BIRTHPLACE (City and state or country) Bollinger County Mo | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Richard Baker | 13b. MOTHER'S MAIDEN NAME Drucille Crites | 14. NAME OF HUSBAND OR WIFE None |
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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. 492-42-032 | 17. INFORMANT Mrs. Geneva Graham Lutesville 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) | congestive heart failure | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) atrial fibrillation | unk. |
| | DUE TO (c) arteriosclerotic heart disease | unk. |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Arteriolosclerosis | 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 checked="" 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 _____ |
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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 |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 16 Oct 59 to 19 Oct 59 and last saw her ^{her} _{him} live on 19 Oct 59
Death occurred at 945 am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Janet A. Chapman, M.D. (Degree or title) | 22b. ADDRESS 1907 West Broadway Cape Girardeau Mo. | 22c. DATE SIGNED 19 Oct 59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10 22 1959 | 23c. NAME OF CEMETERY OR CREMATOR Baker Cemetery | 23d. LOCATION (City, town, or county) (State) Lutesville Mo. |
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| 24. FUNERAL DIRECTOR Brinkopf Howell Cape Girardeau | 25. DATE RECD. BY LOCAL REG. 10-23-1959 | 26. REGISTRAR'S SIGNATURE June Kasten |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 12 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signature Neil H. Groscheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.