

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59-040755

STATE FILE NUMBER

Registration District No.

169

Primary Registration District No.

Registrar's No.

61

MEINDED

|                                                                                          |  |                                                                                                                                         |  |
|------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Knox County</b>                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Cook</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Knox City</b> |  | c. CITY OR TOWN <b>Evanston</b>                                                                                                         |  |
| Length of stay in 1b<br><b>7 wks.</b>                                                    |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                               |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION           |  | d. STREET ADDRESS (If outside, give location)<br><b>1010 Hixman</b>                                                                     |  |
| Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                   |  |

|                                                                                                                          |                                  |                                                                                                                                                             |                                                                         |                                                            |                                                   |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Ellen Aleene Baker</b>                                                      |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>9</b> Year <b>1959</b> |                                                            |                                                   |
| 5. SEX<br><b>female</b>                                                                                                  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/18/1902</b>                                   | 9. AGE (last birthday)<br><b>57</b>                        | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>21</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Teacher</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>librarian</b>                                                                                                       | 11. BIRTHPLACE (City and state or country)<br><b>La Belle, Missouri</b> |                                                            | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>      |
| 13a. FATHER'S NAME<br><b>James C. Baker</b>                                                                              |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary E. Mc Murry</b>                                                                                                        |                                                                         | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs Herbert Hunziker</b> |                                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>                                                                                                                        |                                                                         | 17. INFORMANT<br><b>Mrs Herbert Hunziker</b>               |                                                   |
|                                                                                                                          |                                  |                                                                                                                                                             |                                                                         | Address<br><b>Knox City, Missouri</b>                      |                                                   |

|                                                                                                                                                               |  |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of the liver</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 mos.</b> |
| DUE TO (b) <b>Carcinoma metastases from descending colon 1 yr.</b>                                                                                            |  |                                                   |
| DUE TO (c)                                                                                                                                                    |  |                                                   |

|                                                                                                                                   |  |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                                                                                           |                                                                                              |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>a.m.</b> 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<br><b>La Belle, Missouri</b> | COUNTY<br><b>La Belle</b> | STATE<br><b>Missouri</b> |
| 21. I attended the deceased from <b>Nov 15<sup>th</sup> 1959</b> to <b>Dec 9<sup>th</sup> 1959</b> and last saw her/him alive on <b>Dec 5<sup>th</sup> 1959</b><br>Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                          |                                                           |                           |                          |

|                                                            |                                 |                                                                |                                                                            |
|------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| 22a. SIGNATURE<br><b>Francis Tarvydas M.D.</b>             | (Degree or title)               | 22b. ADDRESS<br><b>Edina, Missouri</b>                         | 22c. DATE SIGNED<br><b>Dec 10<sup>th</sup> 1959</b>                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>10/11/1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>La Belle Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>La Belle, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>J. H. H. H.</b>                 | ADDRESS<br><b>La Belle, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Dec-7-1959</b>              | 26. REGISTRAR'S SIGNATURE<br><b>Nell L. H. H.</b>                          |

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

J. Bladen Jr.

Licensed Embalmer No. 4328

P. O. Address La Brea, Va.

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.