

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045010

FILED VS. JAN - 7 1960 277

Primary Registration District No. 4411

Registrar's No. 60

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		Length of stay in 1b 5 Yrs.		c. CITY OR TOWN Bowling Green		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 W. Main Street		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 15 W. Main Street		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First HENRY Middle R Last BAKER				4. DATE OF DEATH Month Dec Day 30 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH July 12 1867	
9. AGE (last birthday) 92		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) St. Peters, Mo.	
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME William J. Baker		13b. MOTHER'S MAIDEN NAME Treasia Cameo		14. NAME OF HUSBAND OR WIFE Eliza Baker	
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. None		17. INFORMANT Mrs Henry Baker Bowling Green, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic arteriosclerosis 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. ☐ Yes ☐ No ☐ Unknown							INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 —	
20g. COUNTY —		20h. STATE —		21. I attended the deceased from 2:15 A to — and last saw him Dec 30, 1959 Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.O. Mudd		22b. ADDRESS Bowling Green Mo.		22c. DATE SIGNED Jan 1-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 2 1960		23c. NAME OF CEMETERY OR CREMATORY St. Alphonsus		23d. LOCATION (City, town, or county) Silcox (Millwood) Mo.	
24. FUNERAL DIRECTOR J.O. Mudd		ADDRESS Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-60		26. REGISTRAR'S SIGNATURE Bill Robinson	

(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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Beverly Hills

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.