

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005341

FILED VS FEB 23 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 1 Day		c. CITY OR TOWN Route 5 Fulton		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Burbon Twp.		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Robert M Middle Nelson Last Baker				4. DATE OF DEATH Month Feb. Day 13 Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Aug. 12, 1913		
9. AGE (last birthday) 46		IF UNDER 1 YEAR Months 46 Days 46 Hours 46 Min. 46		IF UNDER 24 HR Months 46 Days 46 Hours 46 Min. 46				
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) Callaway County, Mo.		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Vest Baker				13b. MOTHER'S MAIDEN NAME Turley		14. NAME OF HUSBAND OR WIFE Lois Dudley 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. UNKNOWN		17. INFORMANT Mrs. Lois Baker Rt. 5, Fulton, 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) Acute Coronary Occlusion DUE TO (b) Myocardial Vascular Pathology DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 18 hours	
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		
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 2:15 a.m. p.m. Month, Day, Year 2/12/60								
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 2/12/60 to 2/13/60 and last saw him alive on 2/13/60 . Death occurred at 2/13/60 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE George T. Wood (Degree or title)				22b. ADDRESS 614 Market St Fulton Mo		22c. DATE SIGNED 2/16/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Millersburg Cemetery		23d. LOCATION (City, town, or county) Callaway County, Mo.		
24. FUNERAL DIRECTOR Marjorie Funeral Home, Fulton, Mo				25. DATE RECD. BY LOCAL REG. Feb 20 - 1960		26. REGISTRAR'S SIGNATURE Martha Lawrence		

(Licensed Embalmer's Statement on Reverse Side)

556: 68 834

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 Marshall C. Black

Licensed Embalmer No. 4713

P. O. Address Fulton, N

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.