URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006885

STATE FILE NUMBER

FILED VS FEB 24 1960

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie Mo
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD I
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN Sarcoxie Mo
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD I
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Frank Middle Last Baker
4. DATE OF DEATH Month 2 Day 9 Year 60 Feb 8-1960
5. SEX Male
6. COLOR OR RACE Wh
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/3/74
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Sarcoxie Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Baker
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE none
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 John Baker Address Sarcoxie 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) Multiple small gunshot wounds head
INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ 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.) Shot self several times with a 22 cal. rifle before one reached the vital centers of the brain
20c. TIME OF INJURY Hour Approx p.m. Month, Day, Year 2-8-60
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.) Home
20f. CITY, TOWN, OR LOCATION Rural Sarcoxie COUNTY Jasper STATE Mo.

21. I attended the deceased from died not attended to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Coroner Jasper County
22b. ADDRESS Med Arts Bldg Joplin
22c. DATE SIGNED 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/11/1960
23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
23d. LOCATION (City, town, or county) Sarcoxie Mo (State)
24. FUNERAL DIRECTOR Jackson & Sons ADDRESS Sarcoxie Mo
25. DATE RECD. BY LOCAL REG. 2-15-60
26. REGISTRAR'S SIGNATURE Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF W.W. HURST MD CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wm K Jackman

Licensed Embalmer No. 3954

P. O. Address Lancaster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.