

## JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006989

FILED VS. MAR 7 1960 167

ENDED

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Knox City</b>		c. CITY OR TOWN <b>Knox City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Residence</b>	
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>BOYD</b> Last <b>BAKER</b>		4. DATE OF DEATH Month <b>Feb</b> Day <b>28</b> Year <b>1960</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>29 Sep 1886</b>
9. AGE (last birthday) <b>73</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
11. BIRTHPLACE (City and state or country) <b>Tioga, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Benjamin Franklin Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Beverlin</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret B. Baker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Ernest B. Baker</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Anemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>5 to 10 yrs</b> <b>" "</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour <b>5</b> a.m. <b>p.m.</b> Month, Day, Year <b>Feb 28 1960</b>	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 <b>Knox City, Mo</b>	
20g. COUNTY <b>Missouri</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>1955</b> to <b>Feb 28-60</b> and last saw him alive on <b>Feb 28-60</b> Death occurred at <b>5 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. Phillips D.O.</b>		22b. ADDRESS <b>Knox City, Mo</b>	
22c. DATE SIGNED <b>2-29-60</b>		22d. DATE OF DEATH <b>Feb 28-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1 Mar '60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bee Ridge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Knox City, Missouri</b>
24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>Mar-2-1960</b>	
26. REGISTRAR'S SIGNATURE <b>Will S. H. H. H.</b>		27. REGISTRAR'S SIGNATURE <b>Will S. H. H. H.</b>	

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

*AG Primer*

Licensed Embalmer No.

*504*

P. O. Address

*China*

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.

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