MO DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-010128
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b 2 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 Nichols St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 701 Nichols
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Jerry Middle Glenn Last Baker
4. DATE OF DEATH Month April Day 7 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/9/1875
9. AGE (last birthday) 84
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 Farming
11. BIRTHPLACE (City and state or country) Millersburg, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John T. Baker
13b. MOTHER'S MAIDEN NAME Mary C. Miller
14. NAME OF HUSBAND OR WIFE Annabel 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. None
17. INFORMANT Miss Mary Elizabeth Baker, Address Mexico, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction, recurrent — INTERVAL BETWEEN ONSET AND DEATH 6 weeks
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.)
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 COUNTY STATE

21. I attended the deceased from 2-13-60, to 2-24-60 and last saw ~~her~~ him alive on 2-24-60
Death occurred while sleeping m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W. Grove (Degree or title) MD.
22b. ADDRESS Fulton, Mo.
22c. DATE SIGNED 4-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr, 9, 1960
23c. NAME OF CEMETERY OR CREMATORY Millersburg, Cemetery
23d. LOCATION (City, town, or county) (State) Rural Callaway Co, Mo.

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo
25. DATE RECD. BY LOCAL REG. April-8-1960
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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_____ Signed H. R. Masure

Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton Mo

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