URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011781

STATE FILE NUMBER

FILED VS APR 8 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 119

ENDED

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in Ib: 1Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp. — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First / Middle / Last: Tim Lester Baker

4. DATE OF DEATH Month / Day / Year: March 26, 1960

5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/23/'58
9. AGE (last birthday): 1
IF UNDER 1 YEAR: Months 3 Days 5
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (City and state or country): Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Joseph S. Baker
13b. MOTHER'S MAIDEN NAME: Mary Frances Washington
14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: -------
17. INFORMANT: Joseph S. Baker Address: Monroe City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial pneumonia, bilateral	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe anemia	?
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: Hannibal COUNTY: Marion STATE: Mo

21. I attended the deceased from 3/25/60, to 3/26/60 and last saw ~~he~~ him alive on 3/26/60
Death occurred at 10.00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: 1209 Broadway, Hannibal, Mo.
22c. DATE SIGNED: 3/29/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/28/1960
23c. NAME OF CEMETERY OR CREMATORY: St. Judes Cemetery
23d. LOCATION (City, town, or county) (State): Monroe City, Missouri.

24. FUNERAL DIRECTOR / ADDRESS: Harold Garner, Monroe City, Mo.
25. DATE RECD. BY LOCAL REG.: 3/30/60
26. REGISTRAR'S SIGNATURE: O. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

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