

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011834

FILED VS MAR 16 1960

Registration District No. 215 Primary Registration District No. 4327 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia;		c. CITY OR TOWN Crocker; Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS RFD#3	
3. NAME OF DECEASED (Type or print) First Middle Last Dawn Baker		4. DATE OF DEATH Feb. 22, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/60
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. 15 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (City and state or country) Iberia; Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Lexie Baker		13b. MOTHER'S MAIDEN NAME Eula Mae Lovell	
14. NAME OF HUSBAND OR WIFE J		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.		17. INFORMANT Mr. & Mrs. John Baker	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital malformation of heart 15m Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 a.m. p.m. Month, Day, Year	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 COUNTY STATE		
21. I attended the deceased from Feb. 22, 1960 to Feb. 22, 1960 and last saw her alive on Feb. 22 Death occurred at 9:45am m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. A. Gould D.O.		22b. ADDRESS Iberia; Mo.	
22c. DATE SIGNED 2/24/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/23/60	23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc.		25. DATE RECD. BY LOCAL REG. Feb. 27-60	
26. REGISTRAR'S SIGNATURE Jessie Perkins			

(Licensed Embalmer's Statement on Reverse Side)

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

Walter P. Hedges
Walter P. Hedges

Licensed Embalmer No. 4265
P. O. Address Iberia, Missou

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.