-	Registration District No.	ALTH - STAND 0 <i>3 5</i> - Prin	nary Registration	District No.	8327 R	-cistrar's No.	3		STATE FILE	NUMBER
=	nagrananan arana caar		mar Fred	District Tion						
1	1. PLACE OF DEATH				11				. If institutio	n: Residence be
	. COUNTY Miller					a. STATE b. COUNTY admission) Missouri Miller				
1 -	b. CITY (If outside c	orporate limits, give TOWN	SHIP only)	Length of stay		CITY	aourt	<u> 145 T</u>	Ter.	Inside Lin
ı	OR TOWN T	L-m1 - 1		7 Cm4 1	1	OR OWN A	- 1	••		Yes 🖂 N
-		beria: f NOT in hospital, give loca	tion)	15min	imite d 5	OWN Cro	<u>cker;</u>	outside, giv	location)	Reside on/I
	HOSPITAL OR	HOT In Hospital, give rose	non,		A	DORECE		Cotside, At-	/e location;	1 /
I _	INSTITUTION			Yes 🗆	No []	T.F	D#3	·· ·-		Yes TV N
-	3. NAME OF DECEASE	D First	,	Middle	Last		4. DATE	Month	h Day	y Yea
1	(Type or print)			=-,-			OF			_
1 -		Dawn	·+		<u>Baker</u>		DEATH F	<u>eb,</u> ∠	2 , 196	
	5. SEX	6. COLOR OR RACE	7. Married			TE OF BIRTH	9. AGE (last		IF UNDER 1 YE Months Day	
I _	Female	White	Widowed [] Divor	rced 🗆 2/2	22/60 l		1.	Months Day	/s Hours
7		N (Give kind of work done	106. KIND OF F	BUSINESS OR II	NOUSTRY 11. B	22/60 Irthplace (ci	ty and state or	country)	12. CITIZEN	OF WHAT COUN
Į.	during most of work	ing life, even if retired)	Į		,	·	.,		110 4	
Ī -,	13a. FATHER'S NAME		13b. M/	OTHER'S MAIDE	N NAME	beria;	- 101 	AME OF HI	USA JSBAND OR W	1155
									SOMITO ON TO	IFE
! _,	John Lexie	Baker		ula Ma	se Love		<u> </u>			<u>. </u>
		R IN U.S. ARMED FORCES?		OCIAL SECURITY	' NO. 17. INF	ORMANT	•	Ad	idress	
! '	(Tes, no, or unknown) (I	f yes, give war or dates of	service)		Mr	. & Mr	a Joh	n Bak	'A'	
-	1 18. CAUSE OF DEAT	H (Enter only one cause per	line for (a), (b),	and (c).		<u> </u>	13. <u>*</u> . *********************************	Ц	61.	INTERVAL BETV
	PART I. DEATH WAS CAUSED BY: ONSET AT									ONSET AND DE
immediate cause (a) Congenital malformation of heart 15m										
) C.		<u>tal malf</u>	<u>format</u>	ion of	hear	<u>t </u>	
	which q above stating	ons, if any, DUE TO (Egave rise to Cause (a), the under-) <u>C</u> ,		tal mali	format	ion of	<u>hear</u>	t	
NO.	which sabove stating lying	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c)	ongenit				-	. If deceased	5m
ATION	which sabove stating lying	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c)	ongenit				-	. If deceased	1.5m
FICATION	which above stating lying	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c)	Ongen 1 t	O DEATH but no	of related to t	the terminal	PART III	. If decease there a preg	d was female grancy in last %
CERTIF	which above stating lying lying PART I	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c	c) C (Ongen 1 t		of related to t	the terminal	PART III	. If decease there a preg	d was female grancy in last %
CERTIF	which above stating lying lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 129 20c. TIME OF Hou	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given i	c)COI	Ongen 1 t	O DEATH but no	of related to t	the terminal	PART III	. If decease there a preg	d was female grancy in last %
CAL CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO 19. 20c. TIME OF Hou	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given i	c)COI	Ongen 1 t	O DEATH but no	of related to t	the terminal	PART III	. If decease there a preg	d was female grancy in last %
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CAL CERTIF	in was autopsy performed? 19. Was autopsy performed? 19. Was autopsy performed? 20c. Time Of Hou Injury a.m.	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last (c) and (c) are caused to the under-caused last (c) and (c) are caused last (c) are caused l	c) CO CONDITIONS COI	ONGENTA	D DEATH but no	of related to t	the terminal	PART III	. If decease there a preg	d was female grancy in last %
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CAL CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO 29 20c. TIME OF Hou INJURY S.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last condition gin	ONDITIONS COI	NTRIBUTING TO	D DEATH but no	OCCURRED. (Enter nature o	PART III	If deceased there a preg	d was female grancy in last 90
CAL CERTIF	which can be above stating lying lying lying lying PART I 19. WAS AUTOPSY PERFORMED? YES NO (29) 20c. TIME OF HOU INJURY S.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease last.) Due TO (ONDITIONS COI	NTRIBUTING TO 20b. DESCR 20b. DESCR	O DEATH but no DEATH no DEATH but no DEATH b	or related to the control of the con	Enter nature o	PART III	Lif deceased there a preg	d was female grancy in last 90 Un I II of item 18.)
CAL CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO 29 20c. TIME OF Hou INJURY S.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease condition given in the under-cause last. Due TO (c disease last.) Due TO (ONDITIONS COI	NTRIBUTING TO 20b. DESCR 20b. DESCR	D DEATH but no	or related to the control of the con	Enter nature o	PART III	Lif deceased there a preg	d was female grancy in last 90 Un I II of item 18.)
CAL CERTIF	which can be above stating lying lying lying lying PART I 19. WAS AUTOPSY PERFORMED? YES NO (29) 20c. TIME OF HOU INJURY S.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (consider to the under-cause last. DUE TO (consi	ONDITIONS COI	NTRIBUTING TO 20b. DESCR 20b. DESCR	O DEATH but no DEATH no DEATH but no DEATH b	r OCCURRED.	Enter nature o	PART III	Lif deceased there a preg	d was female grancy in last 90 Un I II of item 18.)
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MEDICAL CERTIF	in which a solve stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 129 20c. TIME OF Hou INJURY A.m. 20d. INJURY OCCURR WHILE AT WORL NOT WHILE AT WORL NOT WHILE AT 21. I attended the de Death occurred (22a. SIGNATURE	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause (a), the under-cau	ONDITIONS COI	NTRIBUTING TO 206. DESCR , in or about he fice bldg., etc.)	ome, 20f. CITY, on the date sta	TOWN, OR I	Enter nature o	FART III	COUNTY COUNTY COUNTY	d was female grancy in last % No Un I II of item 18.) STA causes stated. 22c. DATE S 2/24/
MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO PORT INJURY A.M. NOT WHILE AT WORLD WHILE	ons, if any, gave rise to cause (a), the undertender less. DUE TO (cause (a), the undertender less. DUE TO (caus	ONDITIONS COI in PART I (a) OF INJURY (e.g. factory, street, of 22 196	Ongen11	ome, 20f. CITY, on the date sta 22b. ADI The Corporation of the corp	TOWN, OR I	Enter nature of LOCATION LOCATION Location Most	F injury in P.	COUNTY COUNTY COUNTY COUNTY COUNTY	d was female grancy in last % No Un I II of item 18.) STA a causes stated. 22c. DATE S 2/2 4/6 (State)
MEDICAL CERTIF	which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 129 20c. TIME OF HOU INJURY A.m. p.m. 20d. INJURY OCCURE WHILE AT WORN NOT WHILE AT 1 21. I attended the de Death occurred a Death Occurred	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause (a), the under-cau	ONDITIONS COI in PART I (a) OF INJURY (e.g. factory, street, of 22 196	ongenit	ome, 20f. CITY, one the date sta 22b. ADI OR CREMATORY THE CTY	TOWN, OR I	Enter nature of LOCATION LOCATION Location Moe Location Crocke	Finjury in P.	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	d was female grancy in last % No Un I II of item 18.) STA a causes stated. 22c. DATE S 2/2 4/6 (State)
MEDICAL CERTIF	which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? 20. TIME OF HOU INJURY OCCURR WHILE AT WORNOT WHILE AT 21. I attended the de Death occurred to Death occurred to Death occurred to DEATH OCCURRENCE PERFORMENT IN A PENNERAL DIRECTOR	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause last. DUE TO (c disease condition given in the under-cause condition given in	ONDITIONS COI ONDITIONS COI IN PART I (a) OF INJURY (e.g., factory, street, of 22, 196 Iree or title) OF INJURY (e.g., factory, street, of CPOC	ongenit	ome, 20f. CITY, on the date sta 22b. ADI CR CREMATORY THE CRY TO DATE RECO. E	TOWN, OR I	Enter nature of LOCATION LOCATION Location Moe Location Crocke	Finjury in P.	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	d was female grancy in last % No Un I II of item 18.) STA a causes stated. 22c. DATE S 2/2 4/6 (State)

STATEMENT BY LICENSED EMBALMER

Iberia, Misso

I hereby cert	ify 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 p	ersonal supervision.	Matter of Stales
Student	to a section of the s	Signed Matter P. Hedges
\$1 	ignature of Student Embalmer	· Licensed Embalmer No4265

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