

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016428

FILED VS. APR 18 1960

INDEXED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dixon</b>		Length of stay in 1b		c. CITY OR TOWN <b>Dixon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ray</b> Middle <b>Clinton</b> Last <b>Baker</b>				4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>8/1/1892</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer--Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ice Plant</b>		11. BIRTHPLACE (City and state or country) <b>Dixon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>William Baker</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Capehart</b>		14. NAME OF HUSBAND OR WIFE <b>Mae 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>497-01-4519</b>		17. INFORMANT Address <b>Mrs. Ray C. Baker, Dixon, Missouri</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>Cerebral thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Parkinsonism disease</b>							
DUE TO (c) <b>Arteriosclerosis</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>						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 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 <b>July '58</b> to <b>March 27 1960</b> and last saw him alive on <b>27 March '60</b>			Death occurred at <b>8:15 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>L. W. McGeigan, M.D.</b> (Degree or title)			22b. ADDRESS <b>Dixon, Mo.</b>			22c. DATE SIGNED <b>29 Mar. '60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/30/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dixon Cemetery</b>		23d. LOCATION (City, town, or county) <b>Dixon, Missouri</b> (State)		
24. FUNERAL DIRECTOR <b>Gilbert Funeral Home, Inc., Dixon, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-30-60</b>		26. REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>		

(Licensed Embalmer's Statement on Reverse Side)

VS APR 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.