

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023878

FILED VS JUL 5 1960

224

5796

44

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 44

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Moniteau		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker		a. STATE Missouri		b. COUNTY Moniteau	
Length of stay in lb 50 Yrs		c. CITY OR TOWN California, Mo		d. STREET ADDRESS (if outside, give location) Rt # 2		Inside Limits Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home- Rt # 2				d. STREET ADDRESS (if outside, give location) Rt # 2			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Emma		Middle Susan		Last Baker		Month Day Year June 17 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/14/82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days 11 27	IF UNDER 24 HR Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME T. J. Harris			13b. MOTHER'S MAIDEN NAME Premelia Defenbange			14. NAME OF HUSBAND OR WIFE Henry Baker	
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. None		17. INFORMANT Mrs. Lester Francis. California			
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) Cardio-vascular failure						9 days	
DUE TO (b) Arterio-sclerosis						10 years	
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. <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 June 8 1960 to June 17 1960 and last saw her alive on June 17 1960				Death occurred at 8/05 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edgar C. Kopke M.D.			22b. ADDRESS California			22c. DATE SIGNED 6/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/19/60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) California, Mo		(State)	
24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo			25. DATE RECD. BY LOCAL REG. 6/19/60		26. REGISTRAR'S SIGNATURE Helen L. Popejoy		

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Paul Bonchin

Licensed Embalmer No. 212

P. O. Address California

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.