URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8170 -60-031836 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b # wks.

c. CITY OR TOWN De Soto Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 213 S Grand Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Margaret Middle June Last Baker

4. DATE OF DEATH Month Aug Day 17 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/19/1932

9. AGE (last birthday) 28 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Middlebrook, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jasper Dennis

13b. MOTHER'S MAIDEN NAME Elsie Gibson

14. NAME OF HUSBAND OR WIFE Paul Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Paul Baker Address 213 S Grand De Soto, Mo.

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

IMMEDIATE CAUSE (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis — 10 yrs.

DUE TO (c) 592x

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 COUNTY STATE

21. I attended the deceased from 7-30-60, to 8-17-60 and last saw her/him alive on 8-17-60.
Death occurred at 425 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James P. McGuigan

22b. ADDRESS 634 N. Grand Blvd St Louis 3, Mo.

22c. DATE SIGNED 8-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug 19, '60

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) DeSoto (State) Mo.

24. FUNERAL DIRECTOR D. B. Dietrich ADDRESS De Soto, Mo

25. DATE RECD. BY LOCAL REG. AUG 19 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AUG 26 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donnell B. Dietz

Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Dexter Me

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.