

## DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

-60-038855

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. Registrar's No. 155

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Laclede				a. STATE Mo. b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hooker T. S.		Length of stay in 1b 3 mos.		c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brice Rt.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 536 Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Middle Last Claude Lorenzo Baker				Month Day Year Oct. 24, 1960			
5. SEX male		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 6-19-34	
9. AGE (last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Dixon, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thos. L. Baker		13b. MOTHER'S MAIDEN NAME Davis		14. NAME OF HUSBAND OR WIFE Irvia 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. 308-14-2310		17. INFORMANT Mrs. Hugh Rumbaugh, Brice Rt. Lebanon, MO		Address	
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) Myocardial failure						4 Days	
DUE TO (b) Chronic valvular heart disease						—	
DUE TO (c) Chronic glomerulonephritis						—	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive heart disease						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <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 Month, Day, Year a.m. p.m.							
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 10/20/60 to 10/23/60 and last saw him alive on 10/23/60		Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Austin R. Knowles D.O.				22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 10/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-26-60		23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery		23d. LOCATION (City, town, or county) Lebanon, Missouri	
24. FUNERAL DIRECTOR J. J. Shadel		ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 10-25-1960		26. REGISTRAR'S SIGNATURE Hella L. Hay	

(Licensed Embalmer's Statement on Reverse Side)

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4678

P. O. Address Spokane, Mo.

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