

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041788

DEC 12 1960

140

3024

109

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fayette</u>		c. CITY OR TOWN <u>Armstrong</u>	
Length of stay in 1b <u>3 yrs.</u>		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wells Conv. Home</u>		d. STREET ADDRESS (If outside, give location) <u>P. O. Southwest Armstrong</u>	
Reside on Farm ☒ No ☐			

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>E.</u> Last <u>BAIER</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Aug. 28, 1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 24 HR Hours <u>7</u> Min. <u>45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (City and state or country) <u>Salisbury Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Baier</u>	13b. MOTHER'S MAIDEN NAME <u>Teresa Hayler</u>	14. NAME OF HUSBAND OR WIFE <u>Myrl (Maupin) Baier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>495-36-7005</u>	17. INFORMANT <u>Mrs. J.E. Baier</u>	Address <u>Glasgow Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized metastatic melanoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min 75</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Malignant melanoma right leg</u>		<u>Unknown</u>
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. ☐ Yes ☐ No ☐ Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from <u>September 1, 1960</u> and last saw him alive on <u>Nov 6, 1960</u> Death occurred at <u>9:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ann D. Baier</u>	(Degree or title)	22b. ADDRESS <u>Fayette, Mo</u>	22c. DATE SIGNED <u>10 Dec 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 2, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Armstrong Mo.</u>
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FUNERAL DIRECTOR <u>Frimonth Funeral Service</u>	ADDRESS <u>Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-10-60</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Welch</u>
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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 Charles T. Lunka

Licensed Embalmer No. 5028

P. O. Address Glasgow

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