

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042865

VS NOV 29 1960

Registration District No. 226 Primary Registration District No. 4238 Registrar's No. 47

STATE FILE NUMBER

DED

| | | | | | | | |
|---|--|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Monroe | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City | | Length of stay in 1b 50 years | | c. CITY OR TOWN Monroe City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 1st. St. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1st. Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Baker | | | | 4. DATE OF DEATH Month Day Year November 20, 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3/31/1880 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months 7 Days 19 | 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) New London, Mo | | 12. CITIZEN OF WHAT COUNTRY U. S. | |
| 13a. FATHER'S NAME George Gaskell | | | 13b. MOTHER'S MAIDEN NAME Maggie Summers | | 14. NAME OF HUSBAND OR WIFE Genesis 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 Address Harry Williams, Monroe City, 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) Cerebral Hemmorrhage | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | 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 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 _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Russell M. Wilson</i> Coroner | | | | 22b. ADDRESS Monroe City, Mo. | | | 22c. DATE SIGNED Nov 23 1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/23/1960 | 23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery | | 23d. LOCATION (City, town, or county) Monroe City, Missouri. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Harold Garner, Monroe City Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov. 25-1960 | | 26. REGISTRAR'S SIGNATURE <i>E. L. Miller</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 Harold Turner

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

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