

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1961

-61-001928

AMENDED

Registration District No. 159

Primary Registration District No. 5591

Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				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 VICTORIA		Length of stay in 1b 35 YEARS		c. CITY OR TOWN VICTORIA		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME IN VICTORIA			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 			Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First DORA Middle BAKER Last 				4. DATE OF DEATH Month JAN. Day 22. Year 1961					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 7-9-1894		9. AGE (last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min. 	
13a. FATHER'S NAME ROBERT OGLE			13b. MOTHER'S MAIDEN NAME NANCY WILLIAMS			14. NAME OF HUSBAND OR WIFE WALTER G. 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 MARVIN BAKER, DE SOTO, MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Stomach & Metastases 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. ☐ Yes ☐ No ☐ Unknown								INTERVAL BETWEEN ONSET AND DEATH 2 years	
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 December 26, 1960 to Jan 22, 1961 and last saw her alive on January 22, 1961 Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R.E. Jural D.O.				22b. ADDRESS DE SOTO, MISSOURI				22c. DATE SIGNED Jan 22, 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-25-61		23c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEMETERY		23d. LOCATION (City, town, or county) HILLSBORO, MISSOURI			
24. FUNERAL DIRECTOR DIETRICH FUNERAL HOME, DE SOTO				25. DATE RECD. BY LOCAL REG. 1/24/61		26. REGISTRAR'S SIGNATURE Oleta Dikhoj, Sep			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Seaside Mo.

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.