

-61-016179

STATE FILE NUMBER

Registration District No. 341 Primary Registration District No. 4302 Registrar's No. 10
 AMENDED FILED APR 19 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY <i>Stone</i>		a. STATE <i>Mo</i>	b. COUNTY <i>Stone</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Galena</i>	Length of stay in lb <i>Life</i>	c. CITY OR TOWN <i>Galena Mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Resided on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Hammie			First Ashley		Middle Baker		Last		4. DATE OF DEATH Month April		Day 8		Year 1961				
5. SEX M		6. COLOR OR RACE Wh		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-29-1908		9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 10		Days 9		IF UNDER 24 HR Hours 		Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY Stone Co				11. BIRTHPLACE (City and state or country) US				12. CITIZEN OF WHAT COUNTRY US					
13a. FATHER'S NAME Lynn Baker				13b. MOTHER'S MAIDEN NAME Ruth Debanis				14. NAME OF HUSBAND OR WIFE Opal 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. 498-14-0757				17. INFORMANT Address Opal Baker - Helena, 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)

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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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

21. I attended the deceased from June 1960, to 8 April 1961 and last saw him alive on 4 April 1961.
Death occurred at 830 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *J. H. [unclear] MGR* (Degree or title)

22b. ADDRESS
Mylena Inc

22c. DATE SIGNED
10 FEB 1961

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Burial	April 11-1961	Holena Cemetery	Holena	MO
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Everett J. Cheatham	Holena MO	April 13-61	M. J. Lewis	

(Licensed Embalmer's Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena, 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.