

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-61-016359	
MENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>10</u> Primary Registration District No. <u>3002</u> Registrar's No. <u>115</u>											
AMENDED											
FILED JUN 13 1961											
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
a. COUNTY <u>Andrain</u>						a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>				Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u>Hatton</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Andrian County Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH					
First <u>Jessie</u> Middle <u>Boone</u> Last <u>Baber</u>						Month <u>June</u> Day <u>2</u> Year <u>1961</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>Can.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 17, 1883</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR	
										Months <u>8</u> Days <u>15</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Callaway, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George H. Baber</u>				13b. MOTHER'S MAIDEN NAME <u>Sara Moore</u>				14. NAME OF HUSBAND OR WIFE <u>Edith Baber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>494-22-4852</u>		17. INFORMANT <u>Edith Baber</u> Address <u>Hatton, Mo.</u>					
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>CARDIO VASCULAR DECOMPENSATION</u>											
DUE TO (b) <u>PULMONARY EMBOLUS</u>											
DUE TO (c) <u>PROSTHETIC BURNER HYPERTENSION</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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 <u></u> Month, Day, Year <u></u>											
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 <u>HATTON</u> COUNTY <u>CALLAWAY</u> STATE <u>MO.</u>											
21. I attended the deceased from <u>JUNE 1 1961</u> and last saw him alive on <u>JUNE 2 1961</u>											
Death occurred at <u>3 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>H. J. Threshing</u>											
22b. ADDRESS <u>6750 MO</u>											
22c. DATE SIGNED <u>6-5-61</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>											
23b. DATE <u>June 5, 1961</u>											
23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>											
23d. LOCATION (City, town, or county) (State) <u>Hatton, Mo.</u>											
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u> ADDRESS <u>Fulton, Mo.</u>											
25. DATE RECD. BY LOCAL REG. <u>JUNE 5-1961</u>											
26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>											

JUN 14 1961

DEC 26 1962

**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

*Gene C. Mansin*

Licensed Embalmer No. 5092

P. O. Address

*Fulton, Va*

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.