

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

37-61-024599
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. _____

DECEASED JUL 27 1961

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>South Benton Tws.</u>		c. CITY OR TOWN <u>Buffalo, Mo</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>2 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Star R.R. East</u>
3. NAME OF DECEASED (Type or print) First <u>Lura</u> Middle _____ Last <u>Baker</u>		4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>2-2-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper Own Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>61</u>
13a. FATHER'S NAME <u>Charles Manson</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Mable Dunn</u>	11. BIRTHPLACE (City and state or country) <u>Freeman, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>Coronary thrombosis</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar T. Baker</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>No medical attendand</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		DUE TO (c) _____	
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"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <u>Buffalo Mo</u>	
22a. SIGNATURE (Degree or title) <u>L.B. Jones</u>		22b. ADDRESS <u>Buffalo Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22c. DATE SIGNED <u>7-1-61</u>	
23b. DATE <u>7-13-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>L.B. Jones, Buffalo Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/25/61</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Miss Vera Peters DR</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1981 JUL 27 SA

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 Senad B...

Licensed Embalmer No. 2508

P. O. Address Buffalo

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.