MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-027959
STATE FILE NUMBER

AMENDED

Registration District No. 3224 Primary Registration District No. 3072 Registrar's No. 146

FILED AUG 15 1961

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b: 30 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Malts Bend — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Streets not numbered — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: William Last: Baker
4. DATE OF DEATH: Month: August Day: 7th Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 8-7-1961
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Dallas County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Edward Baker
13b. MOTHER'S MAIDEN NAME: Nancy Ellen Nesselrode
14. NAME OF HUSBAND OR WIFE: Mamie Howery Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World war I
17. INFORMANT: Address: Noal Baker, Malta Bend, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broken neck — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): side swiped oil truck
20c. TIME OF INJURY: Hour a.m. p.m. 2;55pm. Month, Day, Year 8-7-61
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 mile s on hiway 65
20f. CITY, TOWN, OR LOCATION: COUNTY: Saline STATE: Mo.

21. I attended the deceased from 1 made investigation 8-8-61 and last saw her/him alive on
Death occurred at 3:55 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Lewis M.D. (Degree or title) Coroner Saline Co
22b. ADDRESS: Marshall, Mo.
22c. DATE SIGNED: 8-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-9-1961
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR: Campbell-Lewis, Marshall, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-9-61
26. REGISTRAR'S SIGNATURE: Cecil D. Reed

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 12 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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.