

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029888

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 89

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROCK TOWNSHIP</u>		Length of stay in lb <u>LIFETIME</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. ARNOLD Mo</u>		Inside Limits Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>BURNELL</u> Middle <u>D.</u> Last <u>BAKER</u>		4. DATE OF DEATH Month <u>SEPT</u> Day <u>2</u> Year <u>1961</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>DEC 13 1897</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>	
11. BIRTHPLACE (City and state or country) <u>ARNOLD Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN R. BAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MAMIE HAMPEL</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA NEE FUCHS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1 DAY</u>		16. SOCIAL SECURITY NO. <u>498-01-7667</u>	
17. INFORMANT <u>MRS B. BAKER</u>		Address <u>ARNOLD 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>Coronary Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> 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
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
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.) <u>Arnold Jefferson Mo</u>	
21. I attended the deceased from <u>July 31/61</u> to <u>9-2-61</u> and last saw her/him alive on <u>9-1-61</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert E. Bauer</u> (Degree or title)		22b. ADDRESS <u>Imperial Mo</u>	
22c. DATE SIGNED <u>9/4/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT 5-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>		23d. LOCATION (City, town, or county) <u>ARNOLD - Mo</u>	
24. FUNERAL DIRECTOR <u>HEILIGTAG IMPERIAL Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-5-61</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 14 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 Elmer A. Ahlstrom

Licensed Embalmer No. 3571

P. O. Address Imperial

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.