MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-033503
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5669 Registrar's No. 105

AMENDED

FILED SEP 25 1961

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Hawk Point Twp.
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Farm Residence
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Lincoln
c. CITY OR TOWN: Rt 3, Troy
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): No Address
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Rose Middle: Babara Last: Baker

4. DATE OF DEATH: Month: September Day: 19 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 10/28/91
9. AGE (last birthday): 70
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank Wing
13b. MOTHER'S MAIDEN NAME: Babara Stanek
14. NAME OF HUSBAND OR WIFE: Anthony Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.: 493-42-9322
17. INFORMANT Address: Dolores Kumbera, Troy, 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): Massive C.V.A.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: (a) Instant (b) 20 Yrs.

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 ☐ 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 a.m. p.m. Month, Day, Year
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 , to 9/19/61 and last saw her alive on 9/19/61
Death occurred at 6:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. F. Kelley (Degree or title): D.O.
22b. ADDRESS: Troy, Missouri
22c. DATE SIGNED: 9/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/22/61
23c. NAME OF CEMETERY OR CREMATORY: Mashek Cemetery
23d. LOCATION (City, town, or county) (State): Lincoln Co. Missouri

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Missouri.
25. DATE RECD. BY LOCAL REG.: 9-21-61
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(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

DEC 5 1962

NOV 5 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 Joseph J. March Jr.

, Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.