SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-035556

TMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 185

FILED SEP 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Morehouse — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Box 293 — Reside on Farm Yes ☐ No ☒ X

3. NAME OF DECEASED (Type or print) First DANIEL Middle HARRISON Last BAKER

4. DATE OF DEATH Month 9 Day 14 Year 1961

5. SEX Male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-20-1883

9. AGE (last birthday) 77 — 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) Police Judge

10b. KIND OF BUSINESS OR INDUSTRY Judge

11. BIRTHPLACE (City and state or country) Carrsville, Ky.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME W. L. Baker

13b. MOTHER'S MAIDEN NAME Belle Bridges

14. NAME OF HUSBAND OR WIFE Edith Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) x x x x x x x x

16. SOCIAL SECURITY NO.

17. INFORMANT Edith Baker Address Morehouse, Mo.

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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 ☒

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 9-1-61, to 9-14-61 and last saw ~~her~~ him alive on 9-14-61
Death occurred at 2:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Barno, M.D.

22b. ADDRESS Morehouse Mo.

22c. DATE SIGNED 9-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 9-17-61

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Sikeston, Mo.

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Morehouse, Mo.

25. DATE RECD. BY LOCAL REG. 9-19-1961

26. REGISTRAR'S SIGNATURE Ora D. Nall Deputy Regr

(Licensed Embalmer's Statement on Reverse Side)

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.