

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040408

STATE FILE NUMBER

FILED DEC 5 1961 70

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

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY CLARK				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLARK											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN REVERE, MO.		Length of stay in 1b		c. CITY OR TOWN REVERE, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OWN HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last LONNIE GUY BAICKEY				4. DATE OF DEATH Month Day Year NOV. 22 1961											
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-19-1886		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD				10b. KIND OF BUSINESS OR INDUSTRY RAILROAD				11. BIRTHPLACE (City and state or country) WINCHESTER, MO.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JAMES BAICKEY				13b. MOTHER'S MAIDEN NAME SARAH MCCAITY				14. NAME OF HUSBAND OR WIFE GOLDIE BAICKEY							
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.				17. INFORMANT Mrs. Goldie Briskey, Revere, Mo.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the larynx & lymphatic glands										INTERVAL BETWEEN ONSET AND DEATH					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 1-1-1960 to 10-27-61 and last saw her/him alive on 11-22-61 Death occurred at 10-4 on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE S. L. McConnell (Degree or title)						22b. ADDRESS Revere, Mo.				22c. DATE SIGNED 1/22/61					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)							
Burial		NOV. 23, 1961		REVERE, MISSOURI				REVERE, MO.							
24. FUNERAL DIRECTOR Delbert Shaffer, Revere, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1/30-61		26. REGISTRAR'S SIGNATURE [Signature]							

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

SHOULD READ

DEC 8 1961

DEC 27 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 D. I. Slaffer

Licensed Embalmer No. 5063

P. O. Address Malabo, Md

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.