

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041412
STATE FILE NUMBER

AMENDED

DATE FURNISHED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 571
FILED DEC 5 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okla b. COUNTY Ottawa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Cardin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman		d. STREET ADDRESS (If outside, give location) Gen'l Del	

3. NAME OF DECEASED (Type or print) First Glenna Middle Marie Last Baker			4. DATE OF DEATH Month II Day 30 Year 61		
5. SEX Female	6. COLOR OR RACE Cauc	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-22	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Larned Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Frank O Chesterman	13b. MOTHER'S MAIDEN NAME Myrtle V Cornell	14. NAME OF HUSBAND OR WIFE Harley Baker	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Harley Baker	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden
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"/> N. <input type="checkbox"/> Unknown	
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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 11:35 a.m. p.m. Month, Day, Year 11-27-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 7 miles west Miami, Okla

21. I attended the deceased from **11-27-61** to **11-30-61** and last saw her alive on **11-30-61**
Death occurred at **Freeman** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman H. Hunter	(Degree or title)	22b. ADDRESS 205 mixed st	22c. DATE SIGNED 12-1-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-3-61	23c. NAME OF CEMETERY OR CREMATORY William Cemetery	23d. LOCATION (City, town, or county) (State) 7 miles west Miami, Okla
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24. FUNERAL DIRECTOR Norman H. Hunter	ADDRESS Home Picher Okla	25. DATE RECD. BY LOCAL REG. 12-1-1961	26. REGISTRAR'S SIGNATURE Doyle Merriman
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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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.