

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041624

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 127

Primary Registration District No. 4223

Registrar's No. 35

AMENDED

FILED DEC 7 1961

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSHERRY		c. CITY OR TOWN ELSHERRY	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 N. Third St.		d. STREET ADDRESS 202 N. Third St.	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) LOWELL RICHARD BAKER		4. DATE OF DEATH Month Nov. Day 28 Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8 Dec. 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. & Mechanic - ret.		10b. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (last birthday) 68
11. BIRTHPLACE (City and state or country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Baker		13b. MOTHER'S MAIDEN NAME Willie Coose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War One		17. INFORMANT Helene Baker	
16. SOCIAL SECURITY NO. 486-14-4762		Address Elsberry, Mo.	
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 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) _____			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
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 ELSHERRY, MO.		COUNTY _____ STATE _____	
21. I attended the deceased from 10-19-61 to 11-28-61 and last saw him alive on NOV 28 1961 Death occurred at 5:50 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS ELSHERRY, MO.	
22c. DATE SIGNED 11/30/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1961	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Elsberry, Mo.	
24. FUNERAL DIRECTOR O'Garlan Ricks		25. DATE RECD. BY LOCAL REG. 12/6/1961	
ADDRESS Elsberry, Mo.		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 7 1967

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

[Handwritten Signature]

Licensed Embalmer No.

4012

P. O. Address

Elsberry, 1

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.