SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-041785

STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 93

FILED NOV 28 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo-Walker
Length of stay in 1b: 2 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-600 Cora Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 600 Cora Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Elmer Middle: C Last: Baker
4. DATE OF DEATH Month: Nov Day: 18 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/26/06
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 1 Days 23
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Work
10b. KIND OF BUSINESS OR INDUSTRY: On Highways
11. BIRTHPLACE (City and state or country): California, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William A. Baker
13b. MOTHER'S MAIDEN NAME: Anna Mary Miller
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Charles Baker Address: California, 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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 years
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: California COUNTY: Moniteau STATE: Mo

21. I attended the deceased from 4-20-59 to 11-18-61 and last saw her/him alive on 11-18-61
Death occurred at 9/30A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R B Fuller, MD
22b. ADDRESS California, Mo
22c. DATE SIGNED 11-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/20/61
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): California, Mo

24. FUNERAL DIRECTOR ADDRESS: Bowlin Funeral Home-California, Mo
25. DATE RECD. BY LOCAL REG.: 11-21-61
26. REGISTRAR'S SIGNATURE: Helen L. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 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_____ Signed Earl Bomlin

Signature of Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.