

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045691

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. --- Registrar's No. 247

STATE FILE NUMBER

AMENDED

ED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Graham</u>		Length of stay in lb <u>←</u>	c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Truck</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>524 E 7th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Russell</u> Middle <u>Elburn</u> Last <u>Baer</u>			4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>1961</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Coal</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-1-09</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	11. BIRTHPLACE (City and state of country) <u>Maitland U.S.A.</u>
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12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13a. FATHER'S NAME <u>George H. Baer</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Keller</u>	14. NAME OF HUSBAND OR WIFE <u>Evelyn Collins Baer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

INFORMANT Mrs. Evelyn Collins Baer Address Maryville 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) <u>Acute Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Coronary Thrombosis</u>	<u>Chro</u>
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 <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.)
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20c. TIME OF INJURY
Hour 2:10 a.m. p.m. Month, Day, Year 12/20/61

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 <u>Maitland</u>	COUNTY	STATE
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21. I attended the deceased from 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 12/20/61 and last saw him alive on 12/20/61

22a. SIGNATURE <u>M.C. Lewis</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Maitland</u>	22c. DATE SIGNED <u>12/20/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cem -</u>	23d. LOCATION (City, town, or county) <u>Maryville Mo.</u> (State)
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24. FUNERAL DIRECTOR <u>Atchison - Maryville, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-23 61</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Holt</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 26 1962

JUN 5 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 _____

Signature of Student Embalmer

Signed *B M Atcherson*

Licensed Embalmer No. 2279

P. O. Address *Marysville*

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.