SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-047521

STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 82

FILED DEC 28 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Shelby

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethel, Mo. — Length of stay in 1b: 2yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri COUNTY: Shelby

c. CITY OR TOWN: Bethel — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harry Middle: Lloyd Last: Baker

4. DATE OF DEATH: Month: Dec Day: 15, Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: April, 28, 1888.

9. AGE (last birthday): 73

IF UNDER 1 YEAR: Months: 7 Days: 17 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Inspector

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Memphis, Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas H. Baker

13b. MOTHER'S MAIDEN NAME: Martha Lewis

14. NAME OF HUSBAND OR WIFE: Omega Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 510-03-8510

17. INFORMANT Address: Mrs Omega Baker. Bethel, Missouri.

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 Embolus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Essential hypertension

DUE TO (c): Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

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 COUNTY STATE

21. I attended the deceased from Oct 1 1961, to Dec 15 - 1961 and last saw ~~her~~ him alive on Dec 15 1961

Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C W Musgrove MD

22b. ADDRESS: Shelbyville Mo

22c. DATE SIGNED: 12-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 19, 1961

23c. NAME OF CEMETERY OR CREMATORY: Locust Hill Cemetery

23d. LOCATION (City, town, or county) (State): 5mi. West of Novelty, Mo.

24. FUNERAL DIRECTOR ADDRESS: C.W. Musgrove. Bethel, Missouri.

25. DATE RECD. BY LOCAL REG.: 12-20-61

26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

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 Self, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed C W Musgrove

Signature of Student Embalmer

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.