

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047631

STATE FILE NUMBER

AMENDED

FILED DEC 29 1961

Primary Registration District No. 4538 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piedmont		Length of stay in 1b 40 yr.		c. CITY OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Wesley Middle Lewis Last Baker				4. DATE OF DEATH Month Dec. Day 18 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 4 Days 14		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Worker		10b. KIND OF BUSINESS OR INDUSTRY Section Foreman		11. BIRTHPLACE (City and state or country) Glen Allen Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Phillip Baker		13b. MOTHER'S MAIDEN NAME Katherine		14. NAME OF HUSBAND OR WIFE Deceased Della Ann Moore 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. R.R. Retirement		17. INFORMANT Mr. Clark Baker Piedmont 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) coronary thrombosis DUE TO (b) arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 							
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		COUNTY	STATE	
21. I attended the deceased from 12/12/61 to 12/13/61 and last saw him alive on 12/13/61 Death occurred at about 3: pm m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W H Clin			(Degree or title)			22b. ADDRESS Piedmont, Mo	22c. DATE SIGNED 12-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-20-61	23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) Piedmont		(State) Mo	
24. FUNERAL DIRECTOR William Gooder Piedmont Mo			25. DATE RECD. BY LOCAL REG. 12-21-61		26. REGISTRAR'S SIGNATURE Shelia Loulance		

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 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 Coder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, N.C.

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.