

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002563

STATE FILE NUMBER

AMENDED

Registration District No. 779 Primary Registration District No. 4292 Registrar's No. 10

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINFIELD		c. CITY OR TOWN WINFIELD	
Length of stay in 1b 1 YEAR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		d. STREET ADDRESS (If outside, give location) S. WHITESIDE ST.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES MELVIN BAKER			4. DATE OF DEATH Month Day Year JAN. 15, 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-82
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER - RET.		10b. KIND OF BUSINESS OR INDUSTRY SELF EMP.	11. BIRTHPLACE (City and state or country) ST. CHARLES COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOHN BAKER	
13b. MOTHER'S MAIDEN NAME URELIA BACON		14. NAME OF HUSBAND OR WIFE PATTY J. 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 # YES-	
17. INFORMANT PATTY J. BAKER - WINFIELD, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture and Dehydration			INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (b) Cerebral Arteriosclerosis			
DUE TO (c) General Arteriosclerosis			
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 a.m. p.m. Month, Day, Year			
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 June, 1960 to Jan 15, 1962 and last saw ^{REF} him alive on Jan 14, 1962 Death occurred at Winfield, Mo on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Winfield, Mo	22c. DATE SIGNED Jan 15, 1962 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JAN. 17, 1962	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE	23d. LOCATION (City, town, or county) (State) AFD ST. CHARLES, Mo.
24. FUNERAL DIRECTOR O. C. RICKS ADDRESS ELSBERRY, Mo.	25. DATE RECD. BY LOCAL REG. 1-16-1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 *W. G. ...*

Licensed Embalmer No. 4012

P. O. Address ELSBERRY, 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.