

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005094

STATE FILE NUMBER

AMENDED

Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 49

FILED FEB 1 1962

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>SCHUYLER</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LANCASTER</b>		Length of stay in 1b <b>95yr.</b>		c. CITY OR TOWN <b>LANCASTER,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 <b>RACHEL</b> Middle <b>MARY</b> Last <b>BAKER</b>				4. DATE OF DEATH Month <b>JAN.</b> Day <b>25,</b> Year <b>1962</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-26-1866</b>	9. AGE (last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>29</b>		IF UNDER 24 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>SCHUYLER</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>NICHOLAS T. ROBERTS</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY E. FULCHER</b>		14. NAME OF HUSBAND OR WIFE <b>James Baker</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>PERRY BAKER, LANCASTER, MISSOURI</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Arteriosclerotic Heart disease</b> DUE TO (c) <b></b> 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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>					
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 <b></b>	STATE <b></b>
21. I attended the deceased from <b>10-27-55</b> to <b>1-25-62</b> and last saw her alive on <b>1-25-62</b> Death occurred at <b>4:00</b> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>H.R. Stoker, D.O.</b>				22b. ADDRESS <b>Lancaster, Mo.</b>		22c. DATE SIGNED <b>1-29-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1/27/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>		23d. LOCATION (City, town, or country) (State) <b>LANCASTER, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME LANCASTER, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 30, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Lawrence Shepherd</b>	

(Licensed Embalmer/Statement on Reverse Side)

SEP 25 1962

JUL 8 1963

### 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

*Donald E. Foster*

Licensed Embalmer No. 4742

P. O. Address Furkner, Inc

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.