# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006848
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 123

FILED MAR 6 1962

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 1 day
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: Kansas b. COUNTY: Cherokee
c. CITY OR TOWN: Columbus
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 419 S. Lynn
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Osmand Last: Baker
4. DATE OF DEATH: Month: Feb. Day: 22, Year: 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-9-1890
9. AGE (last birthday): 72
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): clerk
10b. KIND OF BUSINESS OR INDUSTRY: mens clothing
11. BIRTHPLACE (City and state or country): Oswego, Kans.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Osmand Calton Baker
13b. MOTHER'S MAIDEN NAME: Rosetta Lee Gray
14. NAME OF HUSBAND OR WIFE: Myrl Keethler Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ++++
16. SOCIAL SECURITY NO.:
17. INFORMANT: June Archibald, Address: Ft. Monmouth N. J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Presumably heart attack (coroner notified)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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.) Reported to have had heart attack
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year while attending Kennel Show at Memorial Hall.
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 No Dr. in attendance to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Dovie Merriam, Local Registrar
22b. ADDRESS: 201 Joplin St. Joplin Mo.
22c. DATE SIGNED: 2/28/62
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 2-28-1962
23c. NAME OF CEMETERY OR CREMATORY: Park
23d. LOCATION (City, town, or county) (State): Columbus, Kansas
24. FUNERAL DIRECTOR (2739): E. J. Jorden ADDRESS: Columbus, Kans.
25. DATE RECD. BY LOCAL REG.: 2-28-1962
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF |
|---|---|---|---|---|
| | | | | DOCUMENT |

FEB 26 1963
JAN 29 1963
MAR 12 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 Roy L. Denfeld

Licensed Embalmer No. 4945

P. O. Address Helena, Kan.

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.