

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007635-
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 86

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH
a. COUNTY ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO. Length of stay in 1b
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 Long St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST FRANCOIS
c. CITY OR TOWN FARMINGTON Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 208 LONG ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WILLIAM BAKER
4. DATE OF DEATH Month Day Year FEB. 19 1962

5. SEX MALE 6. COLOR OR RACE COLARD 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/4/73 9. AGE (last birthday) 88 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) Ret. LABOR 10b. KIND OF BUSINESS OR INDUSTRY LABOR 11. BIRTHPLACE (City and state or country) FARMINGTON MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEO. WASHINGTON BAKER 13b. MOTHER'S MAIDEN NAME JANE HUTCHENSON 14. NAME OF HUSBAND OR WIFE VERGIA CAYCE 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. NONE 17. INFORMANT Address Miss Daisy Baker Farmington 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) HYPERTENSIVE CARDIO-VASCULAR DISEASE
GENERALIZED ARTERIOSCLEROSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
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 DEC 1954 to 2-19-62 and last saw him alive on 2-16-62
Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C.E. Conleton M.D. 22b. ADDRESS Farmington MO 22c. DATE SIGNED 2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Feb. 21, 1962 23c. NAME OF CEMETERY OR CREMATORY MASONIS 23d. LOCATION (City, town, or county) (State) NORTH OF FARMINGTON MO.

24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO. 25. DATE RECD. BY LOCAL REG. Feb. 19, 1962 26. REGISTRAR'S SIGNATURE Esther Rudloff

DATE AMENDED
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 _____

Licensed Embalmer No. 4094

P. O. Address San Antonio

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.