

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007717

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1529

AMENDED

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN New Hartford	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS RFD (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joe Baker			4. DATE OF DEATH Month Day Year February, 3, 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1924	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army		10b. KIND OF BUSINESS OR INDUSTRY Military		11. BIRTHPLACE (City and state or country) Vandalia, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joe Baker		13b. MOTHER'S MAIDEN NAME Gugula Barrett		14. NAME OF HUSBAND OR WIFE Nil.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, op, or unknown) (If yes, give war or dates of service) Yes W. W. # 2			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. James Myers, New Hartford, 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) <i>Gunshot wound of head self inflicted in Hotel room #421, # 8 S. 6th street, St. Louis, Missouri, on February 3rd 1962, while suffering from Temporary mental aberration.</i> DUE TO (b) DUE TO (c) <i>Suicide 976x</i>		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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>See above</i>	
20c. TIME OF INJURY Hour Month, Day, Year ? 2-3-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hotel room</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis, Mo.</i>

21. I attended the deceased from *10:25 P.* to _____ and last saw ^{her}him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul J. Simon</i>	(Degree of Title) <i>City Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>2/5/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-7-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Gardens Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Bowling Green, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe Inc., 4700 Washington,</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 5 1962</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

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

FEB 26 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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.