

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015974

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

200

Primary Registration District No.

3041

Registrar's No.

61

FILED APR 30 1962

VS 300
Rev. 4/59

1 0611

2 0610-

3

4 1

5 1

6

7 1

8 0

9 170X

10

11

12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Macon

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Taylors Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Macon

c. CITY OR TOWN Macon

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

R.R. # 2

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
MARIONMiddle
R.Last
BAKER

4. DATE OF DEATH

Month Day Year
4-8-1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7/13/1898

9. AGE (last birthday)

63

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At. Home

11. BIRTHPLACE (City and state or country)

Vinton, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elmer Meakins

13b. MOTHER'S MAIDEN NAME

Flora Hunt

14. NAME OF HUSBAND OR WIFE

Roy L. 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.

17. INFORMANT

Address

Roy L. Baker Macon, 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)

radiation pneumonia
metastatic cancer of breastConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH8 days
3 yearsPART 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 ☐ Unknown19. 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
INJURYHour Month, Day, Year
a.m. p.m.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 7-12-59 to 4-8-62 and last saw her alive on 4-8-62
Death occurred at 9:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Carol P. Pinker M.D.

(Degree or title)

22b. ADDRESS

Macon, Mo

22c. DATE SIGNED

4/9/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Evergreen

23d. LOCATION (City, town, or county)

Vinton, Iowa

24. FUNERAL DIRECTOR

ADDRESS

R. Lester Bram Macon, Mo.

25. DATE RECD. BY LOCAL REG.

4-16-62

26. REGISTRAR'S SIGNATURE

Ruth McNeely

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 15 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 Philip E. Bram, Student Embalmer No. 643

working under my personal supervision.

Student

Philip E. Bram
Signature of Student Embalmer

Signed

R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address W. L. Bram, 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.