

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025386

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1801

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 2 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS MISSOURI</b>		Length of stay in 1b <b>432 DAYS</b>	c. CITY OR TOWN <b>ROWLING GREEN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6 EAST MAIN</b>
3. NAME OF DECEASED (Type or print) First <b>SILAS</b> Middle <b>S.</b> Last <b>BAKER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1962</b>	
5. SEX <b>MALE</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>6-5-98</b>
9. AGE (last birthday) <b>64</b>		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) <b>NURSERYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stark Brothers</b>	11. BIRTHPLACE (City and state or country) <b>LOUISIANA, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>JOHN M. BAKER</b>	
14. MOTHER'S MAIDEN NAME <b>VIRGINIA SMITH</b>		15. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		17. SOCIAL SECURITY NO. <b>UNKNOWN</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>ACUTE MYOCARDIAL INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 HOURS</b>	
DUE TO (b) <b>ACUTE CORONARY THROMBOSIS</b>		<b>8 Hours</b>	
DUE TO (c) <b>ARTERIOSCLEROSIS</b>		<b>Many Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>BRONCHIECTASIS, EMPHYSEMA, LEFT RENAL ACUTE INFARCT</b>		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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		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 STATE	
21. I attended the deceased from <b>4-10-61</b> to <b>6-16-62</b>		Death occurred at <b>3:25 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>John J. Mueller</i>		22b. ADDRESS <b>M.D. VET ADM HOSP. JEFF REVS. MO.</b>	
22c. DATE SIGNED <b>6-16-62</b>		23a. BIRTHPLACE (City, town, or county) (State) <b>Louisiana, Missouri</b>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23c. DATE <b>6-18-62</b>	23d. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	23e. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
24. FUNERAL DIRECTOR <b>J.B. Stern Funeral Home, Louisiana, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-18-62</b>	26. REGISTRAR'S SIGNATURE <i>John B. Mueller M.D.</i>

JUL 5 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 JOSE McCULLOR

Licensed Embalmer No. 2464

P. O. Address 6175 [unclear]

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.