

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrars No. 1033

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962

VS 300
Rev. 4/59

15117

25117

3

4 0

5 0

6

7 1

8 2

9331X

10

11

12 26-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

S. C. Benson, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in lb 15 years	c. CITY OR TOWN St. Joseph,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1212 Dewey Street Parkview Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 413 North 12th Street
3. NAME OF DECEASED (Type or print) JOHN WILLIAM BAKER		First Middle Last	4. DATE OF DEATH September 10 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 Nov. 9, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cigar Maker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) Centralia, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Peter Baker		13b. MOTHER'S MAIDEN NAME Lizzie Vogt	14. NAME OF HUSBAND OR WIFE ---
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. [REDACTED]	17. INFORMANT Niece Address Mrs. Arthur J. Keller-St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage by perforation 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 8 weeks
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 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 a.m. p.m.	Month, Day, Year		
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 1961 to 9/10/62 and last saw him alive on 9/6/62 Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Scott C Benson M.D.		22b. ADDRESS 324 N. 65	22c. DATE SIGNED 9/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 14, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 9/11/62

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 Robert W. Hedley, Student Embalmer No. 662

working under my personal supervision.

Student Robert W. Hedley
Signature of Student Embalmer

Signed Raymond A. Hoover

Licensed Embalmer No. 5147

P. O. Address St. Joseph 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.