

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010319

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 66

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED APR 1 1963

1. PLACE OF DEATH

a. COUNTY

Bates

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

OR
TOWN Butler

Length of stay in 1b

4 days

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

Bates Co Memorial Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE Mo

b. COUNTY Bates

c. CITY
OR
TOWN

Butler

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

206 E Summer St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

NEVILLE

BAKER

4. DATE
OF
DEATH

Month

Day

Year

March 28 1963

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov 29 1907

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

4 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired miner

10b. KIND OF BUSINESS OR INDUSTRY

coal miner

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jackson Baker

13b. MOTHER'S MAIDEN NAME

Ann A

14. NAME OF HUSBAND OR WIFE

Marie 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.

unknown

17. INFORMANT

Marie Baker, Butler 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)

Broncho pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

1 wk

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Influenza

10 day

DUE TO (c)

Cerebral Hemorrhage

2 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive heart disease with fibrillation

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
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 July 1957 to 3-28-63 and last saw him alive on 3-28-63
Death occurred at 1 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. L. Hansen M.D.

22b. ADDRESS

Butler Missouri

22c. DATE SIGNED

3-29-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3/30/63

23c. NAME OF CEMETERY OR CREMATORY

West Point

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

Bates Co Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Culver Underwood, Butler Mo.

25. DATE RECD. BY LOCAL REG.

3-30-63

26. REGISTRAR'S SIGNATURE

Norman Wilson

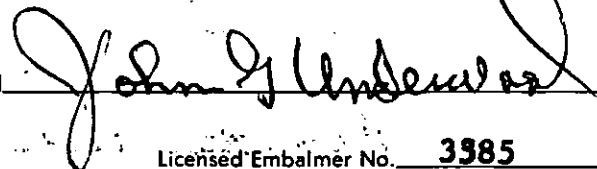
(Licensed Embalmer's Statement on Reverse Side)

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. **3385**

P. O. Address **Butler Missouri**

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.