

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-089155

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 3041 Registrar's No. 111

FILED AUG 12 1963

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Macon</u> | | Length of stay in lb <u>18 days</u> | c. CITY OR TOWN <u>Excellio</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Samaritan Hosp.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS - (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Ingersol Baker</u> | | | 4. DATE OF DEATH Month Day Year <u>July 30, 1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/25/1881</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and state or country) <u>Atchison County, Kans.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Alexander Baker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza A. Ingels</u> | | 14. NAME OF HUSBAND OR WIFE <u>Catherine Baker</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT Address <u>Catherine Baker Excellio, Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Nervous</u> DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Arteriosclerosis</u> | | 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | |
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| 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"/> | | |
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|--|------------------------------|--------|-------|
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from <u>July 12, 1963</u> to <u>July 30, 1963</u> and last saw her alive on <u>July 30, 1963</u> Death occurred at <u>7:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <u>Dr. David Miller M.D.</u> | (Degree or title) | 22b. ADDRESS <u>Macon</u> | 22c. DATE SIGNED <u>8/2/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 1, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | 23d. LOCATION (City, town, or county) <u>Macon, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Lester Hutton</u> | ADDRESS <u>Macon, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-2-63</u> | 26. REGISTRAR'S SIGNATURE <u>Keith M. Gueely</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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Rev. 4/59

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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 Charles L. Sketton

Licensed Embalmer No. 4577

P. O. Address Macow, 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.