

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. ~~369~~

Primary Registration District No. 4539

Registrar's No. 2

STATE FILE NUMBER

FILED SEP 4 1963

1. PLACE OF DEATH  
a. COUNTY

Wayne

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

Williamsville

Length of stay in 1b

40yr

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

Home

Inside Limits

Yes ☒ No ☐

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

Mo

b. COUNTY Wayne

c. CITY OR TOWN

Williamsville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Walter David Baker

4. DATE OF DEATH

Month Day Year  
August 21 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-6-1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

3 15

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

Retired Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

Royal

11. BIRTHPLACE (City and state or country)

Kankakee Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Isaac Baker

13b. MOTHER'S MAIDEN NAME

Sarah Ellen Mendenhall

14. NAME OF HUSBAND OR WIFE

Carrie Osburn 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.

Civil Service

17. INFORMANT

Mrs. Carrie Baker Williamsville 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)

Generalized Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

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

DUE TO (b)

Previous cerebrovascular accident.

5 months

DUE TO (c)

Coronary insufficiency.

5 months

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.

☐ Yes ☐ No ☐ Unknown

19. 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 INJURY  
Hour 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 3-29-63 to 8-8-63 and last saw him alive on 8-8-63  
Death occurred at 8:16 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree - title)  
Shirley Louise

M. D.

22b. ADDRESS 230 North Second Street Poplar Bluff, Missouri 22c. DATE SIGNED 8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 23-63

23c. NAME OF CEMETERY OR CREMATORY

Harmon Cem.

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

Wayne Co. Mo.

24. FUNERAL DIRECTOR

William Edgar Piedmont

25. DATE RECD. BY LOCAL REG.

8-25-1963

26. REGISTRAR'S SIGNATURE

Shirley Louise

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1110

2 1110

3 2

4 0

5 1

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7 1

8 2

9331X

10

11

1290-0

13 10

SEP 24 1963

JUN 29 1966

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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Fiedmont 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.