

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035595

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 3 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Star</u> | | c. CITY OR TOWN <u>Union Star</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>-</u> | | d. STREET ADDRESS (If outside, give location) <u>-</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>E.</u> Last <u>Baker</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>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>7/10/76</u> |
| 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 <u>Self-employed</u> | |
| 11a. FATHER'S NAME <u>Lawrence Baker</u> | | 11b. MOTHER'S MAIDEN NAME <u>Lutitia Tethrow</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>491-42-1227</u> | |
| 17. INFORMANT <u>Mattie Baker</u> | | 18. NAME OF HUSBAND OR WIFE <u>Union Star, Missouri</u> | |
| 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>Coronary occlusion</u> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>-</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| 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 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 <u>-</u> a.m. <u>-</u> p.m. Month, Day, Year <u>-</u> | 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 <u>King City, Mo</u> | |
| 21. I attended the deceased from <u>Oct 1962</u> to <u>3/1/63</u> and last saw her alive on <u>2/23, 63</u> Death occurred at <u>12</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE (Degree or title) <u>E. Blacklock M.D.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>March 3, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u> |
| 23d. LOCATION (City, town, or county) <u>East of Clarksdale, Missouri</u> | | 23e. DATE RECD. BY LOCAL REG. <u>3-9-1963</u> | |
| 23f. REGISTRAR'S SIGNATURE <u>Walter E. Davidson</u> | | 23g. DATE SIGNED <u>3-9-63</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1963

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.