

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035702

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 96

FILED OCT 7 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany		c. CITY OR TOWN Martinsville	
Length of stay in 1b 18 days		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Gentry County Memorial Hospital		d. STREET ADDRESS (If outside, give location) Rural Washington Twp.	
3. NAME OF DECEASED (Type or print) Floyd Ellsworth Baker		4. DATE OF DEATH Month September Day 27 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-19-1886
9. AGE (last birthday) 77		10. IF UNDER 1 YEAR Months 77 Days 77 Hours 77 Min. 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and state or country) Martinsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William H. Baker		13b. MOTHER'S MAIDEN NAME Elizabeth Meredith	
14. NAME OF HUSBAND OR WIFE Grace M. Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 491-42-3056		17. INFORMANT Grace M. Baker Martinsville, 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) ACUTE LEUKEMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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		INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
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 Nov 1962 to 9/27/63 and last saw him alive on 9/22/63 Death occurred at 10:15A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Samuel Parsons M.D. (Degree or title)	
22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 9/30/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-1963	
23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery Harrison County Mo.		23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR C. R. Noble ADDRESS New Harrison, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-63	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

10-2-63

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

William George Noble

Licensed Embalmer No.

4987

P. O. Address

Bethany, 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.